

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092244

1. Entity Name
SEASCAPE NAVIGATION, INC.

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90253 030 ***150.00

Principal Place of Business
225 COVE PLACE
JUPITER FL 33469
US

Mailing Address
225 COVE PLACE
JUPITER FL 33469
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country
Zip Country

4. FEI Number **65-0878617** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

IVERS, DAVID
225 COVE PLACE
JUPITER FL 33469

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

DO NOT WRITE IN THIS SPACE

7. Name and Address of New Registered Agent

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DPT
NAME IVERS, DAVID
STREET ADDRESS 225 COVE PLACE
CITY-ST-ZIP JUPITER FL 33469

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVS
NAME IVERS, VICCI
STREET ADDRESS 225 COVE PLACE
CITY-ST-ZIP JUPITER FL 33469

Delete

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01 561-222-0901
Date Daytime Phone #

CR2E034 (10/00)