

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105861

1. Entity Name
SEAMOD, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90103 030 ***150.00

Principal Place of Business
13170-58 ATLANTIC BLVD.,#100
JACKSONVILLE FL 32225

Mailing Address
13170-58 ATLANTIC BLVD.,#100
JACKSONVILLE FL 32225

CU052820



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1300 Shetter Avenue

3. Mailing Address
1300 Shetter Avenue

Suite, Apt. #, etc.
#42

Suite, Apt. #, etc.
#42

City & State
Jacksonville Beach, FL

City & State
Jacksonville Beach, FL

4. FEI Number 59-3551489

Applied For
Not Applicable

Zip 32250 Country U.S.A.

Zip 32250 Country U.S.A.

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

6. Name and Address of Current Registered Agent

ELLSWORTH, MAYWOOD W II
13170-58 ATLANTIC BLVD.,#100
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name Ellsworth, Maywood W II
Street Address (P.O. Box Number is Not Acceptable)
1300 Shetter Avenue, #42
City Jacksonville Beach FL Zip Code 32250

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 NAME STREET ADDRESS CITY - ST - ZIP	P HOKE, JAMES B 7080 WHEAT RD JACKSONVILLE FL 32244	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ELLSWORTH, MAYWOOD W 1300 SHELTER AVE. #42 JACKSONVILLE BCH FL 32250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Ellsworth, Maywood W 1300 Shetter Avenue, #42 Jacksonville Beach, FL 32250	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

CR2E034 (10/00)