

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016205

1. Entity Name

SEAMAX SAILS, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90042 012 ***150.00

Principal Place of Business

Mailing Address

213 HARRIS ROAD, #3
FORT WALTON BEACH FL 32547

213 HARRIS ROAD, #3
FORT WALTON BEACH FL 32547-2585

2. Principal Place of Business

3. Mailing Address

434 B Mary Esther Cutoff 434 B Mary Esther Cutoff

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Fort Walton Beach, FL

City & State

Fort Walton Beach, FL

4. FEI Number

59-3553904

Applied For

Not Applicable

Zip 32548

Country

Okaloosa

Zip 32548

Country

Okaloosa

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CURRIE, BRUCE
213 HARRIS ROAD, #3
FORT WALTON BEACH FL 32547

Name

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

City

FL

Zip Code

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME Stanley M Black
STREET ADDRESS 619 Ave De La Dauphine
CITY-ST-ZIP Mary Esther, FL 32569 ☐ Delete

TITLE PS
NAME Stanley M Black
STREET ADDRESS 619 Ave De La Dauphine
CITY-ST-ZIP Mary Esther, FL 32569 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VPT
NAME Bruce Currie
STREET ADDRESS 213 Harris Rd #3
CITY-ST-ZIP Ft Walton Beach, FL 32547 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

2/19/00

Date

(850) 986-2420

Daytime Phone #

CR2E034 (9/99)