2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State
02-08-2002 90003 010 ***158.75

DOCUMENT # P99000018203

1. Entity Name
SEAL SERVICE SYSTEMS INC

Principal Place of Business	Mailing Address
2245 PARKSIDE STREET BOCA RATON FL 33486 US	P O BOX 4682 DEERFIELD BEACH FL 33442 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10217 N/W 24 PLACE	
Suite, Apt. #, etc. 304	Suite, Apt. #, etc.
City & State SUNRISE FL	City & State
Zip 33322 Country BROWARD	Zip Country

4. FEI Number 65-0905002 ☐ Applied For ☐ Not Applicable

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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	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] PHILIP SEAL - DIRECTOR - JAN. 21 2002
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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD BURG, NORMAN 2245 PARKSIDE STREET BOCA RATON FL 33486	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURG, NORMAN 4880 N. CITATION DR #104 DELRAY BEACH - FL - 33445	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEAL, PHIL 10217 NW 24TH PLACE APT 304 SUNRISE FL 33322	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEAL, PHILIP 10217 N/W 24TH PLACE APT 304 SUNRISE - FL - 33322	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS 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] PHILIP SEAL 1/21/02 954/748-9818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)