2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE

1. Entity Name

Feb 08, 2002 8:00 am Secretary of State 02-08-2002 90003 010 ***158.75 SEAL SERVICE SYSTEMS INC Principal Place of Business Mailing Address 2245 PARKSIDE STREET P O BOX 4682 **BOCA RATON FL 33486** DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0905002 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET "TALLAHASSEE FL 32301-2525 City Zip Code FL 8.: The above name its this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATUE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (9/01) ☐ Delete TITLE ☐ Addition BURG, NORMAN 4880 N. CITATION DR #104 NAME **BURG, NORMAN** NAME STREET ADDRESS 2245 PARKSIDE STREET STREET ADORESS DELRAY BEACH-FL-33445 CITY-ST-ZIP **BOCA RATON FL 33486** CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME SEAL, PHIL VAIVE NW 24TH PLACE APT 304 STREET ADDRESS 10217 NW 24TH PLACE APT 304 STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33322 CITY-ST-ZIP SUNRISE - FL = 333.22 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 receipt or tustee empowered legal effect as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12

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