

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90229 003 ***150.00

DOCUMENT # P99000018203

1. Entity Name
SEAL SERVICE SYSTEMS INC



Principal Place of Business
10217 NW 24 PLACE
FORT LAUDERDALE FL 33322
US

Mailing Address
10217 NW 24 PLACE
FORT LAUDERDALE FL 33322
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

PAID BY CHECK
1550 - 1/16/03

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
NAME **BURG, NORMAN**
STREET ADDRESS **2245 PARKSIDE STREET**
CITY-ST-ZIP **BOCA RATON FL 33486**

CHANGE OF ADDRESS

TITLE **PD**
NAME **BURG-NORMAN**
STREET ADDRESS **7021 AZILA TERRACE WAY**
CITY-ST-ZIP **DELRAY BEACH-FL-33446**

TITLE **D**
NAME **SEAL, PHILIP**
STREET ADDRESS **10217 NW 24TH PLACE APT 304**
CITY-ST-ZIP **SUNRISE FL 33322**

NOTE: ONLY IN PHILIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or Block 11 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

PHILIP SEAL

Date

1/16/03

Daytime Phone #

954/748-9818

CR2E034 (10/02)