03-26-2002 90002 019 \*\*\*150.00

## **FILED** Mar 26, 2002 8:00 am & Secretary of State,

## 2002 UNIFORM BUSINESS REPORT (UBR)

P99000023333

DOCUMENT # 1. Entity Name

SEELACH HOLDINGS, INC.

SOURCETRONICS HOLDINGS, INC.

| Principal Plac<br>350 E. LAS OI<br>FT. LAUDERDA   | LAS BLVD ST    |  | Mailing Address<br>350 E. LAS OLAS BLVD STE 1700<br>FT. LAUDERDALE FL 33301 |            |  |                                  |   |         |                 |                         |  |  |
|---|----------------|--|---|------------|--|----------------------------------|---|---------|-----------------|-------------------------|--|--|
| 2. Principal P  | lace of Busin  | ess  | 3. Mailing Address  |            |  |                                  | 1 <b>48</b>   148  17 <b>9</b>   151  8   151     884   684   684     |         | O HARBO ARIBO I | 1800 (1)11 FBB1         |  |  |
|   | H 35 S         | outh   | 2801 Ocean Dr.  |            |  |                                  |   |         |                 |                         |  |  |
| Suite, Apt.<br><b>Suite</b>   | #, etc.<br>402 |  | Suite, Apt. #, etc. Suite 202-A   |            |  |                                  | DO NOT WRITE IN THIS SPACE  |         |                 |                         |  |  |
| City & Stat   |                |  | City & State  |            |  | 4                                | 4. FEI Number CE 0009407 Applied For                                  |         |                 |                         |  |  |
| Austin, TX  |                |  | Vero Beach, FL  |            |  |                                  | <del></del>   |         |                 | t Applicable            |  |  |
| Zip<br>78741  |                | Country Zip Co<br>USA 32963 - US                       |   |            | try  | 5. Certificate of Status Desired |   |         |                 |                         |  |  |
| 6. Name and Address of Current Registered Agent   |                |  |   |            |  | 7.                               | . Name and Address of New Registe                                     | red Age | ent             |                         |  |  |
| ł l   |                |  |   |            |  |                                  | ame   |         |                 |                         |  |  |
| BEILLY, ROXANNE K   |                |  |   |            | Street Address (P.O. Box Number is Not Acceptable) |                                  |   |         |                 |                         |  |  |
| 350 E. LAS OLAS BLVD STE 1700   |                |  |   |            |  |                                  |   |         |                 |                         |  |  |
| FT. LAUDERDALE FL 33301   |                |  |   |            |  |                                  |   |         |                 |                         |  |  |
|   |                |  |   |            |  |                                  |   | 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.                                       |                |  |   |            |  |                                  |   |         |                 |                         |  |  |
| ė.  |                |  |   |            |  |                                  |   |         |                 |                         |  |  |
| SIGNATURE Signature, typed or printed name of registered agent and title it 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 After May 1, 2002 Fee to Make Check Payable to De |                |  |   |            |  | 50.00                            | 10. Election Campaign Financing Trust Fund Contribution.              | ;<br>   |                 | <b>0</b> May Be to Fees |  |  |
| 11,   |                | OFFICERS AND D   | DIRECTORS   | 12.        |  | <i>f</i>                         | ADDITIONS/CHANGES TO OFFICERS   | AND D   | RECTORS         | S IN 11                 |  |  |
| STREET ADDRESS  |                | DXANNE K<br>DLAS BLVD SUITE 1700<br>RDALE FL 33301     | <b>√</b> Q√Delete   | ll l       | ľ  | 2101                             | e Moran<br>IH 35 South, #402  |         | ] Change        | Addition                |  |  |
| NAME<br>STREET ADDRESS  | 200 E LAS      | N, CHARLES B<br>OLAS BLVD., SUITE 19<br>RDALE FL 33301 | XXOslete  |            | 1  | P/S/<br>Robe<br>2801             | in, TX 78741  D  ort A. Wargo, Jr.  Ocean Dr. #202-A  Beach, FL 32963 |         | ] Change        | <b>XX</b> Addition      |  |  |
| TITLE NAME STREET ADDRESS ( CITY-ST-ZIP   |                |  | ☐ Delete  | 11         | 1  | - V C.E.C                        | Deadily 11 - 32303  |         | Change          | ☐ Addition              |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                |  | ☐ Delete  | 11         |  |                                  |   |         | <br>Change      | ☐ Addition              |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                |  | ☐ Delete  | <i>t</i> 1 |  |                                  |   |         | Change          | Addition                |  |  |
| NAME STREET ADDRESS CITY-ST-ZIP   |                | information supplied with the                          | ☐ Delete  | CITY       | E<br>Et address<br>-St-Zip                         |                                  | a 110.07/2)/iii Elarida Statutos I furthe                             |         | ] Change        | Addition                |  |  |

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

Daytime Phone #