

REINSTATEMENT 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023574

1. Entity Name
SEEKONK INVESTMENT CORP.



FILED

04 JUL 19 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
925 SO FEDERAL HWY
SUITE 175
BOCA RATON FL 33432
US

Mailing Address
925 SO FEDERAL HWY
SUITE 175
BOCA RATON FL 33432
US

2. Principal Place of Business

925 South Federal Hwy

Suite, Apt. #, etc.

Suite 125

City & State

Boca Raton, FL

Zip

33432

Country

USA

3. Mailing Address

925 South Federal Hwy

Suite, Apt. #, etc.

Suite 125

City & State

Boca Raton FL

Zip

33432

Country

USA

REINSTATEMENT 03-04

☐ CHECK HERE IF MAKING

4. FEI Number 65-0906061

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SMOLEV, IRA
STREET ADDRESS 925 SO FEDERAL HWY, STE 175
CITY-ST-ZIP BOCA RATON FL 33432 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600038358696 ☐ Change ☐ Addition
06/28/04--01067--006 **750.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600038358696 ☐ Change ☐ Addition
06/28/04--01067--007 **150.00

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

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

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

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

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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 13 2004

Date

561 447 0700

Daytime Phone #

CR2E034 (4/03)