

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90040 028 ***150.00

0321966 AV

DOCUMENT # P99000035411

1. Entity Name
SEAGLASS, INC.

| | |
|---|---|
| Principal Place of Business 10740 NW 21 PLACE CORAL SPRINGS FL 33071 | Mailing Address 10740 NW 21 PLACE CORAL SPRINGS FL 33071 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 2. Principal Place of Business 977 STATE RD 84 West Suite, Apt. #, etc. | 3. Mailing Address 977 STATE RD. 84 WEST Suite, Apt. #, etc. |
| City & State SOUTH LAUD Shopping CENTER FORT LAUDERDALE FLORIDA | City & State SOUTH LAUD Shopping CENTER FORT LAUDERDALE FLORIDA |

| | |
|--|--|
| 4. FEI Number 65-0910379 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|--|---|
| 6. Name and Address of Current Registered Agent O'CONNOR, VINCENT 10740 NW 21 PLACE CORAL SPRINGS FL 33071 | 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.

SIGNATURE _____ (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 | D O'CONNOR, VINCENT 10740 NW 21 PLACE CORAL SPRINGS FL 33071 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D O'CONNOR, VINCENT 977 STATE RD. 84 WEST FORT LAUDERDALE FLORIDA 33315 |
| | <input type="checkbox"/> Delete | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> 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 empowerment.

SIGNATURE: _____ **2/15/2002 954-764-1331**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)