

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90238 037 \*\*\*150.00

DOCUMENT # P99000039714

1. Entity Name  
SEA SNAKE.COM, INC.



Principal Place of Business  
413 FIRST STREET SOUTH  
#301  
JACKSONVILLE BEACH FL 32250

Mailing Address  
413 FIRST STREET SOUTH  
#301  
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business  
201 10<sup>th</sup> Ave N.

3. Mailing Address  
201 10<sup>th</sup> Ave N

Suite, Apt. #, etc.  
# 206

Suite, Apt. #, etc.  
# 206

City & State  
Jacksonville Beach FL

City & State  
Jacksonville Beach

Zip  
32250

Country  
USA

Zip  
32250

Country  
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3573895

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

WILBOURTH, JOHN S  
3433 NORTH HERON DRIVE  
JACKSONVILLE BEACH FL 32250

## 7. Name and Address of New Registered Agent

Name **FRANK BALLARD**  
Street Address (P.O. Box Number is Not Acceptable)  
**413 1<sup>st</sup> Street S. # 403**  
City **Jacksonville Beach** FL **32250**

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. **Frank Ballard**

SIGNATURE **3/28/03**  
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**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **CUMBO, ALEXANDER G**  
STREET ADDRESS **413 FIRST STREET SOUTH, #301**  
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **D** ☐ Delete  
NAME **BALLARD, WILLIAM**  
STREET ADDRESS **413 1ST STREET S #301**  
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition  
NAME **William Ballard**  
STREET ADDRESS **413 1st Street S. # 403**  
CITY-ST-ZIP **Jacksonville Beach FL 32250**  
**Site # only**

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

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

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

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

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/28/03**

Date Daytime Phone #

CR2E034 (10/02)