

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-21-2003 90200 026 ***150.00

DOCUMENT # P99000041426

1. Entity Name
SOUTH SEAS HOMES, INC.



Principal Place of Business
26900 WEDGEWOOD DR., #301
BONITA SPRINGS FL 34134

Mailing Address
26900 WEDGEWOOD DR., #301
BONITA SPRINGS FL 34134



2. Principal Place of Business
6930 Sandalwood Lane
Suite, Apt. #, etc.

3. Mailing Address
6930 Sandalwood Lane
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Naples Florida
Zip
34109
Country
Collier

City & State
Naples Florida
Zip
34109
Country
Collier

4. FEI Number 59-3575375
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WEIR, AIDAN J
26900 WEDGEWOOD DR., #301
BONITA SPRINGS FL 34134

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)

2/2/03
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	<input type="checkbox"/> Delete
NAME	WEIR, AIDAN J	
STREET ADDRESS	26900 WEDGEWOOD DR., #301	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEIR, SUSAN G	
STREET ADDRESS	26900 WEDGEWOOD DR., #301	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEIR, BRIAN P	
STREET ADDRESS	26900 WEDGEWOOD DR 301	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Weir Aidan J	
STREET ADDRESS	6930 Sandalwood Lane	
CITY-ST-ZIP	Naples, FL. 34109	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Weir Susan G	
STREET ADDRESS	6930 Sandalwood Lane	
CITY-ST-ZIP	Naples FL. 34109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/03 239-448-4500
Date Daytime Phone #

CR2E034 (10/02)