

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000047975**

1. Entity Name

**SEA LICE STING AWAY, INC.****FILED****00 SEP 18 PM 1:47****SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

P.M.B. 220,160 CAMINO REAL  
BOCA RATON FL 33432P.M.B. 220,160 CAMINO REAL  
BOCA RATON FL 33432

2. Principal Place of Business

3. Mailing Address

160 W. CAMINO REAL

160 W. CAMINO REAL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#220

#220

City &amp; State

City &amp; State

BOCA RATON, FL

BOCA RATON, FL

Zip

Zip

Country

Country

33432

USA

33432

USA

4. FEI Number

65-0923062

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, JOHN C  
4800 N. FEDERAL HWY., STE. A-207  
BOCA RATON FL 33431

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

Signature, typed or printed name of registered agent and title if 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 IS \$150.00**  
**After MAY 1, 2000 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 ☐ DeleteD  
NAME  
SCHWARZMAN, LAURA M  
STREET ADDRESS  
P.M.B. 220,160 CAMINO REAL  
CITY-ST-ZIP  
BOCA RATON FL 33432TITLE ☐ Change ☐ AdditionTITLE ☐ DeleteD  
NAME  
SCHWARZMAN, DAVID C  
STREET ADDRESS  
P.M.B. 220,160 CAMINO REAL  
CITY-ST-ZIP  
BOCA RATON FL 33432TITLE ☐ Change ☐ AdditionTITLE ☐ DeleteTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ 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 empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/29/00 (561) 394-4666

**KE**