

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052525

1. Entity Name  
**SEAJETS INC.**

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90021 008 \*\*\*558.75

Principal Place of Business  
**1005 TRAILMORE LANE  
FORT LAUDERDALE FL 33326**

Mailing Address  
**1005 TRAILMORE LANE  
FORT LAUDERDALE FL 33326**

2. Principal Place of Business

**301 BROADWAY**  
Suite, Apt. #, etc.  
**142**

City & State  
**RIVIERA BEACH, FL**  
Zip  
**33404** Country  
**USA**

3. Mailing Address

**301 BROADWAY**  
Suite, Apt. #, etc.  
**142**

City & State  
**RIVIERA BEACH, FL**  
Zip  
**33404** Country  
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0928679**

Applied For

Not Applicable

5. Certificate of Status Desired

**X** **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BRADLEY, GEORGE JR  
1005 TRAILMORE LANE  
FORT LAUDERDALE FL 33326**

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPS  
BRADLEY, GEORGE JR  
1005 TRAILMORE LANE  
FORT LAUDERDALE FL 33326** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PAULSEN, SVEN  
BOYSCNSTR 13, D-25980 WESTERLAND/SYLT  
GERMANY** ☐ 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 information.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8 Sep 2000* **561**  
Date Daytime Phone