

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082703

1. Entity Name
SEABERG INSTALLATION, INC.

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90030 023 ***550.00

000414 AV

Principal Place of Business
8286 WESTERN WAY CIRCLE #D-1
JACKSONVILLE FL 32256

Mailing Address
8286 WESTERN WAY CIRCLE #D-1
JACKSONVILLE FL 32256

C0075978



DO NOT WRITE IN THIS SPACE

4849 DAWIN RD

2. Principal Place of Business

SUITE # 5+6

Suite, Apt. #, etc.

JACKSONVILLE FL

City & State

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip
32207

Country
DUAL

Zip

Country

4. FEI Number 59-3600178

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

SEABERG, DENNIS
8286 WESTERN WAY CIRCLE #D-1
JACKSONVILLE FL 32256

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 *Dennis D Seaberg* DENNIS D SEABERG

Signature, typed or printed name of registered agent and fee applicable.

(NOTE: Registered Agent signature required when reinstating)

8/20/01

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 12, 2001 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DELEO, ROMAN
8286 WESTERN WAY CIRCLE #D-1
JACKSONVILLE FL 32256 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SEABERG, DENNIS
8286 WESTERN WAY CIRCLE #D-1
JACKSONVILLE FL 32256 ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
4849 DAWIN RD SUITE 5+6
JACKSONVILLE FL 32207

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
4849 DAWIN RD SUITE 5+6
JACKSONVILLE FL 32207

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

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 like empowered.

SIGNATURE: *Dennis D Seaberg* DENNIS D SEABERG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/01 904-730-7373

Date

Daytime Phone #

CR2E034 (5/01)