2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101812



FILED Mar 19, 2003 8:00 am Secretary of State

SITH ARRINAL CRT LAND O' LAKES R. 34839 Suite, Apr. #, etc. CHECK HERE IF MAKING CHANGES Suite, Apr. #, etc. Check HERE IF MAKING CHANGES Zet Country Zo Country S. Certificate o' Status Sandaman Sandam	Principal P	Jame SEAL INSTALLATIONS, INC. Place of Business	Mailing Address		03-19-2003 90171 017	***150.00
2. Principal Place of Business Sulfer, Apt. #, etc. Sulfer, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Server Address of Status Desire of Revaluable Server Agent Norm Norm Norm Norm The address of Norm Registered Agent Norm City & State City & State Country Zip Country Server Address of Pio, Box Numbriar & Norm City & State City FL Zip Code City FL Zip	3111 AERNAL CRT		3111 AERNAL CRT			
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City & State City & State Desired Street Address of New Registered Agent Fee Required File Row Instance of New Registered Agent City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code File Row Instance of registered agent. In the State of Fibrids. I am farmfair with, and accept me of the properties of the pr	Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING	CHANGES
September of the control of the purpose of changing its registered agent. **Name and Address of Current Registered Agent** **HIDY, TASON** 31111 AERNAL CRT* LAND O' LAKES FL 34639 **Best Address (P.O. Box Number is Not Acceptable)** **The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Pictrids. I am Number the Not Acceptable)** **The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Pictrids. I am Number with, and accept the obligations of registered agent, or both, in the State of Pictrids. I am Number with, and accept the obligations of registered agent, or both, in the State of Pictrids. I am Number with, and accept the obligations of registered agent, or both, in the State of Pictrids. I am Number with, and accept the obligations of registered agent, or both, in the State of Pictrids. I am Number with, and accept the obligations of registered agent, or both, in the State of Pictrids. I am Number with, and accept the obligations of registered agent, or both, in the State of Pictrids. I am Number with, and accept the obligations of registered agent, or both, in the State of Pictrids. I am Number with, and accept the obligations of registered agent, or both, in the State of Pictrids. I am Number with, and accept the obligation of registered agent, or both, in the State of Pictrids. I am Number with, and accept the obligation of registered agent, or both, in the State of Pictrids. I am Number with, and accept the obligation of registered agent, or both, in the State of Pictrids. I am Number with, and accept the obligation of registered agent, or both, in the State of Pictrids. I am Number with, and accept the obligation of registered agent, or both, in the State of Pictrids. I am Number with, and accept the obligation of registered agent, or both, in the State of Pictrids. I am Number with, and accept the obligation of registered	City & State		City & State		4. FEI Number 50-200000	Applied For
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Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the content of the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept floring and provided agent with a sostoop. FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NOW! I FEE IS \$150.00 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME HIDY, JASON B TITLE NAME STREET ADDRESS OTY ST- 79 IN ADD O' LAKES FL 34639 TITLE NAME STREET ADDRESS OTY ST- 79 TILE NAME NAME STREET ADDRESS OTY ST- 79 TILE NAME		o. Name and Address of Currer	it Registered Agent	Name	7. Name and Address of New Registered A	gent
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SIGNATURE Signature. hybrid of printed name of registered agent and still it applicable. (NOTE Registered Agent expensive registed when reflectating) DATE	8. The above	/e named entity submits this statement	for the nurnoen of changing its		FL	
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After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.		Signature, typed or printed name of registered agen	at and title if applicable. (NOTE	: Registered Agent signature requ	uired when reinstating) DATE	
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2. 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 of the exemption this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if mode under eather that the information of the exemption is true.	AME Treet address					

SIGNATURE: