

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90021 030 ***150.00

DOCUMENT # P99000108693

1. Entity Name

~~LAUMER ROBOTICS INCORPORATED~~
SEAROBOTICS CORPORATION

Principal Place of Business

1030 SHADY LAKES CIR.
PALM BEACH GARDENS FL 33418

Mailing Address

1030 SHADY LAKES CIR.
PALM BEACH GARDENS FL 33418

2. Principal Place of Business

6601 LYONS ROAD

3. Mailing Address

6601 LYONS ROAD

Suite, Apt. #, etc.

SUITE E-3

Suite, Apt. #, etc.

SUITE E-3

City & State

COCONUT CREEK, FL

City & State

COCONUT CREEK, FL

Zip

33073

Country

BROWARD

Zip

33073

Country

BROWARD

4. FEI Number

APPLIED FOR
58-2537508

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DARLING, DONALD T

~~1030 SHADY LAKES CIR.~~

~~PALM BEACH GARDENS FL 33418~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6601 LYONS ROAD, SUITE E-3

City

COCONUT CREEK

FL

Zip Code

33073

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, 2001 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

TITLE **D** ☐ Delete
NAME **DARLING, DONALD T**
STREET ADDRESS **1030 SHADY LAKES CIR.**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Dunn, Stanley**
STREET ADDRESS **P.O. Box 811438**
CITY-ST-ZIP **Boca Raton, FL 33481-1438**

TITLE ☐ Change ☒ Addition
NAME **Smith, Samuel**
STREET ADDRESS **21271 Waycross Dr.**
CITY-ST-ZIP **Boca Raton, FL 33420**

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

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

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

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

3/20/01 254-708-1000x13
Date Daytime Phone #

0295498

CR2E034 (10/00)