

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90322 017 ***150.00

DOCUMENT # P99000111024

1. Entity Name
SEASCAPE YACHT INTERIORS, INC.



Principal Place of Business
**4052 CAPITAL DR.
PALM HARBOR FL 34685**

Mailing Address
**4052 CAPITAL DR.
PALM HARBOR FL 34685**

2. Principal Place of Business
395-12 Ave
Suite, Apt. #, etc.

3. Mailing Address
395-12 Ave.
Suite, Apt. #, etc.

City & State
Indian Rocks Beach FL

City & State
Indian Rocks Beach, FL

4. FEI Number **59-3614992**

Applied For
Not Applicable

Zip
33785

Country
USA

Zip
33785

Country
USA

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

**GEORGE, LAURIE
4052 CAPITAL DR.
PALM HARBOR FL 34685**

Name

Street Address (P.O. Box Number is Not Acceptable)
395-12 Avenue

City **Indian Rocks Beach** **FL** Zip Code **33785**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Laurie George**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-29-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE, LAURIE 4052 CAPITAL DR. PALM HARBOR FL 34685	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

150271024 AV

CR2E034 (10/02)