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

## S05670 **DOCUMENT #**

1. Entity Name

SETH-BRI, INC.



## **FILED** Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90170 045 \*\*\*150.00

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	ice of Business	Mailing Address % KEVIN'S DOCKSIDE DELI					
2401 PGA BL		=		J			
	I GARDENS FL 33410		BLVD #194	****			
US	CARDENS FE 33410	US EAR	CH GARDENS FL	. 33410	i i <b>i i i i i i i i i i i i i i i i i </b>		
2. Principal	Place of Business	3. Mailing Address					
Suite, Apr	t. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & Sta	ite	City & State			59-3((38495)	pplied For	
Zip	Country	Zip		Country	5. Certificate of Status Desired See Requir	lot Applicable	
	6. Name and Address of Curre	nt Registered Ag	ent	<del>- [</del>	7. Name and Address of New Registered Agent	30	
~	Service of the servic			Name	The state of the s		
DENNIS, I	KEVIN			2		<del>-</del>	
158 N RIV	/ER DR E		Street Addres		(P.O. Box Number is Not Acceptable)		
JUPITER I	FL 33458						
				City	FL Zip Coo	ie .	
8. The above the obligat	named entity submits this statement tions of registered agent.	for the purpose o	f changing its re	egistered office or regist	ered agent, or both, in the State of Florida. I am familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable	MOTE P				
		птана ше п аррпсавів.	(NOTE: H	Registered Agent signature require	ed when reinstating) DATE		
	ILE NOW!!! FEE IS \$150.00				9. Election Campaign Financing \$5.0		
Make Check	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department	of State				0 May Be d to Fees	
10.	0. OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	CIALII	
TITLE	DP		Delete	TITLE	Change	Addition	
NAME	DENNIS, KEVIN			NAME	Change	LJ Adomon	
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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: