

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90098 047 \*\*\*150.00

**DOCUMENT # S22391**

1. Entity Name

**SEA KISS INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

**400 NE ABACA WY  
 #7  
 JENSEN BEACH FL 34957  
 US**

**C/O NORA F CATANO C.P.A.  
 400 NE ABACA WAY  
 JENSEN BEACH FL 34957  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**2712 NE SEWALLS -**

**2712 NE SEWALLS -**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**LANDING WAY**

**LANDING WAY**

City & State

City & State

**JENSEN BEACH FL**

**JENSEN BEACH FL**

Zip

Country

Zip

Country

**34957**

**US**

**34957**

**US**

4. FEI Number

**65-0232980**

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

**KISS, CHARLES  
 400 NE ABACA WAY  
 #7  
 JENSEN BEACH FL 34957**

Name **CHARLES KISS**

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

**2712 NE SEWALLS LANDING  
 WAY**

City

**JENSEN BEACH FL**

Zip Code

**34957**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD KISS, CHARLES 6908 SE N MARINA WAY STUART FL 34996</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS WASSERMAN, MOLLYE 6908 SE N MARINA WAY STUART FL 34996</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D KISS, CHARLES 2712 NE SEWALLS LANDING WAY JENSEN BEACH FL 34957</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/S KISS, MOLLYE 2712 NE SEWALLS LANDING WAY JENSEN BEACH FL 34957</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**CHARLES KISS 2/7/02 4632985**

Date

Daytime Phone #

CR2E034 (9/01)