

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90004 011 ***158.75

DOCUMENT # V06362

1. Entity Name
SEAWED IV OF TAMPA, INC.

Principal Place of Business

**3609 CAUSEWAY CRESCENT
 TAMPA FL 33619
 US**

Mailing Address

~~**3609 CAUSEWAY CRESCENT
 TAMPA FL 33619
 US**~~

2. Principal Place of Business

3. Mailing Address

7101 49th Ave SO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, Fla

Zip

Country

Zip

Country

33619 USA

4. FEI Number

59-3113215

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

**RICHARDS, ROBERT S.
 7101 49TH AVENUE SOUTH
 TAMPA FL 33619**

Name

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

City

FL

Zip Code

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	RICHARDS, ROBERT S.	
STREET ADDRESS	7101 49TH AVENUE SO.	
CITY-ST-ZIP	TAMPA FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RICHARDS, HELEN C.	
STREET ADDRESS	7101 49TH AVENUE SO.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RICHARDS, JAMES S	
STREET ADDRESS	7111 49TH AVENUE SOUTH	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Robert S Richards
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01 813-626-5849
 Date Daytime Phone #

CR2E034 (10/00)