

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90423 032 ***158.75

DOCUMENT # V06375

1. Entity Name
SEAWEED I OF TAMPA, INC.



Principal Place of Business
**3609 CAUSEWAY CRESCENT
TAMPA FL 33619
US**

Mailing Address
**7101 49TH AVE SOUTH
TAMPA FL 33619
US**



2. Principal Place of Business

3. Mailing Address

809 Bama Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Brandon

4. FEI Number

59-3113206

Applied For

Not Applicable

Zip

Country

Zip

Country

33511

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

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

Name

Richards, James S.

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

809 Bama Rd

City

Brandon

FL

Zip Code

33511

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

James S Richards

2/22/03

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 **PD** ☒ Delete
NAME **RICHARDS, ROBERT S.**
STREET ADDRESS **7101 49TH AVENUE SO.**
CITY-ST-ZIP **TAMPA FL**

TITLE **PD** ☒ Change ☐ Addition
NAME **Richards, James S.**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Delete
NAME **RICHARDS, JAMES S.**
STREET ADDRESS **7111 49TH AVE SO**
CITY-ST-ZIP **TAMPA FL**

TITLE **VD** ☒ Change ☐ Addition
NAME **Robert S. Richards**
STREET ADDRESS **7101 49th Ave SO**
CITY-ST-ZIP **Tampa, FL 33619**

TITLE **STD** ☐ Delete
NAME **RICHARDS, HELEN C.**
STREET ADDRESS **7101 49TH AVENUE SO.**
CITY-ST-ZIP **TAMPA FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Change ☒ Addition
NAME **Richards, Karen**
STREET ADDRESS **809 Bama Rd**
CITY-ST-ZIP **Brandon, FL 33511**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

James S Richards

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/03 813-248-9550

Date

Daytime Phone #

CR2E034 (10/02)