

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V41765

1. Entity Name

SEA SPILL SOUTH, INC.

FILED

Jan 26, 2000 8:00 am  
Secretary of State

01-26-2000 90036 025 \*\*\*150.00

Principal Place of Business

Mailing Address

6 FISHERMANS CIRCLE  
#6  
ORMOND BEACH FL 32174  
US

P.O. BOX 730536  
ORMOND BEACH FL 32173-0536  
US

2. Principal Place of Business

420 US Highway 1

3. Mailing Address

PO Box 1178

Suite, Apt. #, etc.

# 15H

Suite, Apt. #, etc.

City & State

North Palm Beach FL

City & State

Southold NY

Zip

33408

Country

USA

Zip

11971

Country

USA

4. FEI Number

59-3127288

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

FATTA, JOHN  
6 FISHERMANS CIRCLE  
#6  
ORMOND BEACH FL 32173-0536

Name

Joseph J. Frohnhoefer

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

~~1560 Youngs Ave.~~

420 US Highway 1 #15H

City

North Palm Beach FL

Zip Code

33408

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)

1/19/2000  
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, 2000 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  
NAME FATTA, JOHN  
STREET ADDRESS 6 FISHERMANS CIRCLE, #6  
CITY-ST-ZIP ORMOND BEACH FL 32173-0536 ☒ Delete

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

TITLE CD  
NAME FROHNHOEFER, JOSEPH J.  
STREET ADDRESS 1560 YOUNGS AVE.  
CITY-ST-ZIP SOUTHOLD NY ☐ Delete

TITLE PD  
NAME Frohnhoefer, Joseph S.  
STREET ADDRESS 1560 Youngs Ave.  
CITY-ST-ZIP Southold NY 11971 ☒ Change ☐ Additio

TITLE S  
NAME FATTA, JUDY A.  
STREET ADDRESS 6 FISHERMANS CIRCLE, #6  
CITY-ST-ZIP ORMOND BEACH FL 32173-0536 ☒ Delete

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

TITLE T  
NAME FROHNHOEFER, GEORGIA M  
STREET ADDRESS 1560 YOUNGS AVE.  
CITY-ST-ZIP SOUTHOLD NY ☐ Delete

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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

1/19/2000  
Date

631-765-3660  
Daytime Phone #