FILED
May 23, 2003 8:00 am
Secretary of State
05-23-2003 90152 024 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V58159

1. Entity Name
SEA EAST INCORPORATED

Principal Place of Business	Mailing Address
7646 IRLO BRONSON HWY. KISSIMMEE, FL 34741	7646 IRLO BRONSON HWY. KISSIMMEE, FL 34741

2. Principal Place of Business	3. Mailing Address
5724 DONNELLY CIR	5724 DONNELLY CIR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FLORIDA	City & State: ORLANDO, FLORIDA
Zip: 32821 Country: USA	Zip: 32821 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3134101 ☐ 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
AHMAD, EMRAN 5511 SANDY HILL DR ORLANDO, FL 32821	Name: AHMAD EMRAN Street Address (P.O. Box Number is Not Acceptable): 5724 DONNELLY CIR. City: ORLANDO FL Zip Code: 32821

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: Emran Ahmad DATE: 04-21-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P AHMAD, EMRAN 5724 DONNELLY CIRCLE ORLANDO, FL 32821	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EMRAN, SAADIA 5724 DONNELLY CIRCLE ORLANDO, FL 32821	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: Emran Ahmad 04-21-03 (407) 238-1096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #