## **2001 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # J84160 1. Entity Name THE BREEZE CORPORATION Principal Place of Business Mailing Address 2510 DEL PRADO BLVD 2510 DEL PRADO BLVD **CAPE CORAL FL 33904-750 CAPE CORAL FL 33904-750**

## FILED May 16, 2001 8:00 am Secretary of State 05-16-2001 90257 018 \*\*\*150.00



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2. Principal Place of Business		3. Mailing Address				lii <b>1</b> 1111 1501		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number <b>59-2824932</b>		pplied For ot Applicable	
Zip	Country	Zip	Country	5. (	Certificate of Status Desired	\$8.75 Ad		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
GLARROW, JOHN 2510 DEL PRADO BLVD			-Name	Name				
			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
CAP								
			City	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								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
			!! FEE IS \$150.00	i III Flection Lambaign Financing SE D		0 May Be		
	requirement and elects to do so.		After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		Trust Fund Contribution.		to Fees	
•	OFFICERS AND D		12.		DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S (N) 11	
11.	PD OFFICERS AND L	Delete	TITLE	AD	DITIONS/CHANGES TO OFFICENS	☐ Change	Addition	
NAME	NUTTING, G. OGDEN	Delete	NAME					
STREET ADDRESS	1500 MAIN ST	•	STREET ADDRESS					
CITY-ST-ZIP	WHEELING WV		CITY-ST-ZIP					
TITLE	VD	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	NUTTING, WILLIAM C.		NAME				1	
STREET ADDRESS	1500 MAIN ST		STREET ADDRESS					
CITY-ST-ZIP	WHEELING WV SD		CITY-ST-ZIP				<u></u>	
TITLE	NUTTING, WILLIAM O.	☐ Delete	TITLE	•		Change	Addition	
NAME STREET ADDRESS	1500 MAIN ST		NAME STREET ADDRESS					
CITY-ST-ZIP	WHEELING WV		CITY-ST-ZIP					
TITLE	VD	☐ Delete	TITLE			Change	Addition	
NAME	NUTTING, ROBERT M.		NAME			<b>—</b> v	_	
STREET ADDRESS	1500 MAIN ST		STREET ADDRESS					
CITY-ST-ZIP	WHEELING WV		CITY-ST-ZIP					
TITLE	T	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	WITTMAN, DUANE D 1500 MAIN ST		NAME CARCEL ADDRESS					
STREET ADDRESS CITY-ST-ZIP	WHEELING WV		STREET ADDRESS CITY-ST-ZIP					
	WILLEMAN TO	[m] = 1.				Change	Addition	
TITLE NAME		Delete	TITLE NAME			Change		
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
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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:

DUANE D. WIFTMAN 4/28/01

304-233-0100