

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90042 020 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000101497

1. Entity Name
AMERICAN SEA BREEZE INC.

Principal Place of Business Mailing Address
10570 S FEDERAL HWY STE 200 **10570 S FEDERAL HWY STE 200**
PORT ST LUCIE FL 34952 **PORT ST LUCIE FL 34952**

2. Principal Place of Business 3. Mailing Address
10570 S Federal Highway *10570 S. Federal Highway*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite #201 *Suite #201*
 City & State City & State
Port St. Lucie, FL *Port St. Lucie, FL*
 Zip Country Zip Country
34952 *St. Lucie* *34952* *St. Lucie*

4. FEI Number Applied For
65-0720654 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ELLIOTT, NICHOLAS
10570 S FEDERAL HWY STE 200
PORT ST LUCIE FL 34952

7. Name and Address of New Registered Agent
 Name
Elliott, Nicholas
 Street Address (P.O. Box Number is Not Acceptable)
10570 S. Federal Highway, Suite #201
 City State Zip Code
Port St. Lucie **FL** *34952*

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]* DATE: *1/5/01*

(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

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 NAME STREET ADDRESS CITY-ST-ZIP	DCP ELLIOT, NICHOLAS 10570 S FEDERAL HWY STE 200 PORT ST LUCIE FL 34952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>10570 S. Federal Highway, Suite #201 Port St. Lucie, FL 34952</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S ELLIOT, PAUL A 10570 S FEDERAL HWY STE 200 PORT ST LUCIE FL 34952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>10570 S. Federal Highway, Suite #201 Port St. Lucie, FL 34952</i>
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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]* Date: *1/5/01* Daytime Phone #: *(561) 398-1100*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Nicholas Elliott, President

CR2E034 (10/00)

