

**2003 FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2003 8:00 am
Secretary of State

05-02-2003 90385 044 ***150.00

DOCUMENT # **P96000101497**

1. Entity Name
AMERICAN SEA BREEZE INC.



Principal Place of Business
**10570 S. FEDERAL HIGHWAY
STE 201
PORT SAINT LUCIE FL 34952**

Mailing Address
**10570 S. FEDERAL HIGHWAY
STE 201
PORT SAINT LUCIE FL 34952**

55044004



2. Principal Place of Business
8 N.E. Lagoon Island Ct
Suite, Apt. #, etc.

3. Mailing Address
8 N.E. Lagoon Island Ct
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Stuart, FL

City & State
Stuart, FL

Zip
34996

Country
US

Zip
34996

Country
US

4. FEI Number **65-0720654**

Applied For
 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 201
PORT ST LUCIE FL 34952

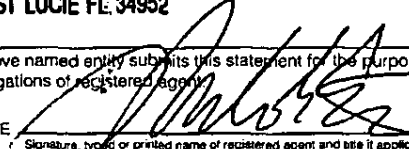
7. Name and Address of New Registered Agent

Name **ELLIOTT, Nicholas**

Street Address (P.O. Box Number is Not Acceptable)
8 N.E. Lagoon Island Ct

City **Stuart** State **FL** Zip Code **34996**

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  DATE **4/30/03**

(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP ELLIOT, NICHOLAS 10570 S. FEDERAL HWY, STE 201 PORT ST LUCIE FL 34952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S ELLIOT, PAUL A 10570 S. FEDERAL HIGHWAY, STE 201 PORT ST LUCIE FL 34952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ELLIOTT, Nicholas 8 N.E. Lagoon Island Ct Stuart, FL 34996	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT ELLIOTT, Paul A. 8 N.E. Lagoon Island Ct Stuart, FL 34996	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **5/23/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE034 (10/02)