

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90036 034 \*\*\*150.00

SECRETARY OF STATE

**DOCUMENT # 233879**

1. Entity Name  
**BRINY BREEZES INC**



Principal Place of Business  
**5000 N OCEAN BLVD  
BOYNTON BEACH FL 33435**

Mailing Address  
**5000 N OCEAN BLVD  
BOYNTON BEACH FL 33435**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-0839659** Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**FINGERHUT, PETER**  
**5000 N. OCEAN BLVD. #R-208**  
**BRINY BREEZE FL 33435**

**7. Name and Address of New Registered Agent**

Name  
**Ray Prophet, Jr.**

Street Address (P.O. Box Number is Not Acceptable)  
**5000 N. Ocean Blvd. #F-208**

City **Briny Breezes** FL Zip Code **33462**

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 *Ray Prophet Jr.* DATE **4/10/03**

Signature, typed or printed name of registered agent and firm 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2VPD TEUSINK, ARLENE 5000 NO OCEAN BLVD. STE K-211 BRINY BREEZES FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT BAYLESS, DAVID 5000 N. OCEAN BLVD Q-205 BOYNTON BEACH FL 33435</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS BOCZON, NANCY G 5000 N. OCEAN BLVD F-4 BOYNTON BEACH FL 33435</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1VPD TOLFORD, WILLIAM 5000 N. OCEAN BLVD. #I-2 BRINY BREEZES FL 33435</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FINGERHUT, PETER 5000 N OCEAN BLVD #R-208 BRINY BREEZES FL 33435</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PROPHET, RAY JR 5000 N. OCEAN BLVD. #F-208 BRINY BREEZES FL 33435</b>	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Rhodes, David 5000 N. Ocean Blvd. #B-206 Briny Breezes, FL 33435</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Kimber, Mary 5000 N. Ocean Blvd. #J-19 Briny Breezes, FL 33435</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS Koplen, Janis 5000 N. Ocean Blvd. #E-22 Briny Breezes, FL 33435</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Zerull, Janet 5000 N. Ocean Blvd. #CD-4 Briny Breezes, FL 33435</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1VPD Fingerhut, Peter 5000 N. Ocean Blvd. #R-208 Briny Breezes, FL 33435</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Prophet, Ray Jr. 5000 N. Ocean Blvd. #F-208 Briny Breezes, FL 33435</b>	<input checked="" 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: *Ray Prophet Jr.* **4-10-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

ATTACHMENT

11. Additional  
Directors - No Change

233879

D  
Williams, Lew  
5000 N. Ocean Blvd. #G-8  
Briny Breezes, FL 33435