


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

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90156 014 \*\*\*158.75

DOCUMENT # 424483

1. Entity Name  
*Seabreeze Seafood + Bait, Inc*  
*3609 Causeway Crescent*  
*Tampa, Fla 33619*



**DO NOT WRITE IN THIS SPACE**

10065087

2. Principal Place of Business  
*3609 Causeway Crescent*  
Suite, Apt. #, etc.

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

City & State  
*Tampa, Fla.*

City & State

Zip  
*33619*

Country  
*USA*

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
*59-1519828*

Applied For  
Not Applicable

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

7. Name and Address of Current Registered Agent

Name  
*James S. Richards*

Street Address (P.O. Box Number is Not Acceptable)  
*809 Bama Rd*

City  
*Brandon*

FL

Zip Code  
*33619*

**DO NOT WRITE  
IN THIS SPACE**

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  
*James Richards*

(NOTE: Registered Agent signature required when reinstating)

DATE  
*4-8-03*

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	<i>PO Richards, James S. 809 Bama Rd Brandon, FL 33511</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PO James S. Richards</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V. Pres. - Sealy, Treas Richards, Karen R 809 Bama Rd Brandon, FL 33511</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Robert S. Richards 7101 49th Ave 50 Tampa, FL 33619</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D Richards, Helen 7101 49th Ave 50 Tampa, FL 33619</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with or other like empowered.

SIGNATURE: *James Richards*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE  
*4-8-03*

Daytime Phone #

CR2E034B (12/02)