

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 693547

1. Entity Name

SEABREEZE FINANCIAL SERVICES, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90087 011 ***150.00

Principal Place of Business

Mailing Address

510 OAKRIDGE BLVD.
DAYTONA BEACH FL 32118-3973
US

510 OAKRIDGE BLVD.
DAYTONA BEACH FL 32118-3933
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2111434

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PARACORP INCORPORATED~~ JOHN McCULLERS
~~236 EAST 6TH AVENUE~~ 510 OAKRIDGE BLVD
~~TALLAHASSEE FL 32118-3973~~ DAYTONA BEACH, FL
32118-3973

Name

Street Address (P.O. Box Number is Not Acceptable)

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

John McCullers

JOHN McCULLERS, PRES

3/24/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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 ☐ Delete
NAME ST
STREET ADDRESS ELLIS, SANDRA
CITY-ST-ZIP 510 OAKRIDGE BLVD.
DAYTONA BEACH FL 32118-3973

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME PD
STREET ADDRESS MCCULLERS, JOHN
CITY-ST-ZIP 510 OAKRIDGE BLVD.
DAYTONA BEACH FL 32118-3973

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

John McCullers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/00

904-252-1183

CR2E034 (9/99)