## 2000 UNIFORM BUSINESS REPORT (UBR)

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

NAME OF SIGNING OFFICER OR DIRECTOR

## FILED **DOCUMENT # F25333** Apr 14, 2000 8:00 am Secretary of State 1. Entity Name OCEAN BREEZE CONSTRUCTION COMPANY, INC. 04-14-2000 90098 047 \*\*\*150.00 Principal Place of Business Mailing Address 500 COMMERCE WAY, W 500 COMMERCE WAY, W SUITE 8 SUITE 8 JUPITER FL 33458-8844 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2191583 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent ANDREW CKETTI HACKETT, ANDREW K 10 BAY HARBOR ROAD **TEQUESTA FL 33469** City JUP ITER 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. 4-10-00 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PRESIDENT HACKETT, ANDREW K. 5661 OLD MYSTIC COURT Change TITLE Delete HACKETT, ANDREW K NAME NAME STREET ADDRESS 10 BAY HARBOR ROAD STREET ADDRESS JUPITER, FL 33458 CITY-ST-ZIP CITY-ST-ZIP **TEQUESTA FL** SECRETARY HACKETT, PATRICIA C. E 5661 OLD MYSTIC COURT ☐ Addition ☐ Delete TITLE HACKETT, ANDREW K NAME NAME STREET ADDRESS 10 BAY HARBOR ROAD STREET ADDRESS JUDITER, FL 33458 CITY-ST-ZIP CITY-ST-7IP **TEQUESTA FL 33469** ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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