

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H15461

1. Entity Name

SEABREEZ TASTEE-FREEZ, INC.

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90979 022 ***150.00

Principal Place of Business

Mailing Address

% JUDITH COMANESCU
1130 SE 28TH TERRACE
CAPE CORAL FL 33904

% JUDITH COMANESCU
1130 SE 28TH TERRACE
CAPE CORAL FL 33904-3915
US

2. Principal Place of Business

3. Mailing Address

814 EL Dorado Pkwy W
Suite, Apt. #, etc.

814 EL Dorado Pkwy W
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL

4. FEI Number

59-2462093

Applied For

Not Applicable

Zip

33914

Country

U.S.A

Zip

33914

Country

U.S.A

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

COMANESCU, JUDITH
1130 SE 28TH TERRACE
SUITE B
CAPE CORAL FL 33904

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

Judith Comanescu

4-29-2000

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	PTD	<input type="checkbox"/> Delete
NAME	COMANESCU, ROBERT	
STREET ADDRESS	1130 S.E. 28TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	COMANESCU, JUDITH	
STREET ADDRESS	1130 S.E. 28TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	AT	<input type="checkbox"/> Delete
NAME	TROIA, JENNIFER LYNN	
STREET ADDRESS	3453 TROPICAL POINTE DR.	
CITY-ST-ZIP	ST. JAMES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	814 EL Dorado Pkwy W	
STREET ADDRESS	CAPE CORAL, FL 33914	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	814 EL Dorado Pkwy W	
STREET ADDRESS	CAPE CORAL, FL 33914	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Judith Comanescu
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-2000

Date

941-945-0792

Daytime Phone #

CR2E034 (9/99)