2002 UNIFORM BUSINESS REPORT (UBR)

H15461

DOCUMENT# 1. Entity Name

SEABREEZ TASTEE-FREEZ, INC.

Principal Place of Business **-5396**-DEL PRADO BLVD S *3336* CAPE CORAL FL 33904

Mailing Address

5996-DEL PRADO BLVD S 3336 CAPE CORAL FL 33904

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.



6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		1550, 000,000		4. FEI Number 59-2462093	Applied For Not Applicable		
	<u></u>	Soite, Apr. #, etc.		DO NOT WRITE	DO NOT WRITE IN THIS SPACE		

COMANESCU, JUDITH 5336 DEL PRADO BLVD S CAPE CORAL FL 33904

Name			
Street Address (P.O. Box Number is Not Acceptable)		<u> </u>	_
City	FI	Zip Code	

8. De 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

ature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible

FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition NAME COMANESCU, ROBERT NAME 3336 STREET ADDRESS 5336 DEL PRADO BLVD S STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33904 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition COMANESCU, JUDITH STREET ADDRESS 3336 DEL PRADO BLVD S STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33904 CITY-ST-ZIP TITLE Delete ☐ Change Addition TRONA, JENNIFER STREET ADDRESS 3453 TROPICAL POINTE DR. STREET ADDRESS CITY-ST-ZIP SAINT JAMES CITY FL 33956 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

CR2E034 (4/02)

Afachment

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Sept 9,2002 To whom It May Concern.

Q am writing this letter

because I have gone Thru

all of my Corporate papers

and was unable to locate a form for Corporate filing _______ that was suppose to have been sent to me. I did notice the wrong address was on the mailer . We are also D. B. A yestudays Sandwich E Stake and most mail Comes addressed to that please- Contact-me: