

AMENDED

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

FILED

DOCUMENT # **H 18462**

1. Entity Name

BREEZEMAKER FAN COMPANY, INC.

02 NOV 26 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

600009222156
11/26/02--01035--002 **\$1.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1608 N. 24th Street
Suite, Apt. #, etc.

3. Mailing Address
1608 N. 24th Street
Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
59-2451741

Applied For
Not Applicable

Zip
33605

Country
US

Zip
33605

Country
US

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
John S. Morell

Street Address (P.O. Box Number is Not Acceptable)
1608 N. 24th Street

City Tampa FL Zip Code 33605

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

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D/S
John S. Morell
13504 Lake Magdalene Drive
Tampa, FL 33613

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/D/T
Pam Morell
13504 Lake Magdalene Drive
Tampa, FL 33613

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE:

John S. Morell John S. Morell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-21-02

Date

813-248-5552

Daytime Phone #

11-21-02

CR2E034B (12/01)