

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J81149

1. Entity Name

ISLAND BREEZE CONSTRUCTION, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90039 034 ***150.00

Principal Place of Business

7970 BARRANCAS AVE
BOKEELIA FL 33922

Mailing Address

7970 BARRANCAS AVE
BOKEELIA FL 33922-1519

2. Principal Place of Business

~~5952 Sailfish Rd.~~
Suite, Apt. #, etc.

3. Mailing Address

~~5952 Sailfish Rd.~~
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Bokeelia, Fl. 33922-2837

City & State

Bokeelia, Fl.

4. FEI Number 59-2823302

☒ Applied For
☐ Not Applicable

Zip

33922-2837 U.S.A.

Country

Zip

33922-2837

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LENZ, BRIAN
739 CAPE CORAL PKWY
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

Ron Mason

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

5952 Sailfish Rd.

City

Bokeelia

FL

Zip Code

33922-2837

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

Ron Mason
Ron Mason, President

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

(NOTE: Registered Agent signature required when reinstating)

01/28/00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
LENZ, BRIAN
739 CAPE CORAL PKWY
CAPE CORAL FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Ron Mason
5952 Sailfish Rd.
Bokeelia, Fl. 33922-2837

☒ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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:

Ron Mason

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/00

DATE

941-283-3290

Daytime Phone #