

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90012 047 ***150.00

DOCUMENT # J81149

1. Entity Name
ISLAND BREEZE CONSTRUCTION, INC.

Principal Place of Business
**5952 SAILFISH RD
 BOKEELIA FL 33922-2837**

Mailing Address
**5952 SAILFISH RD
 BOKEELIA FL 33922-2837**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

XXXXXXXXXX

Applied For

Not Applicable

Zip

Country

Zip

Country

62-1789464

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

**MASON, RON
 5952 SAILFISH RD
 BOKEELIA FL 33922-2837**

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

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, 2001 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P MASON, RON
 5952 SAILFISH RD
 BOKEELIA FL 33922-2837** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ 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 President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/01
 Date

941-283-3290
 Daytime Phone #

CR2E034 (10/00)



Attachment
922904
#381149

**FACSIMILE TRANSMISSION
INTERNAL REVENUE SERVICE**

**ATLANTA SERVICE CENTER
PO BOX 47-421
TELE-TIN UNIT STOP 751
DORAVILLE, GA 30132**

DATE 10-20-99 **RECD** _____ **TIME** _____

NAME AND TITLE

Ronald Mason

FAX NUMBER

941-283-1356

**IF YOU HAVE ANY QUESTIONS ABOUT ANY FAX RECEIVED FROM OUR
OFFICE PLEASE CALL US AT (678) 530-7925 OR (678) 530-7902.**

TOTAL PAGE: 1

**COMMENTS: WE HAVE ASSIGNED AN EMPLOYER IDENTIFICATION
NUMBER FOR THE ENTITY SHOWN BELOW. YOU SHOULD RECEIVE
WRITTEN NOTIFICATION OF YOUR EMPLOYER IDENTIFICATION
NUMBER WITHIN 30 DAYS.**

COMPANY NAME: Island Breeze Construction Inc.

EMPLOYER IDENTIFICATION NUMBER (EIN) 62-1789464

CAUTION:

**THIS COMMUNICATION IS INTENDED FOR THE SOLE USE OF THE INDIVIDUAL TO WHOM IT IS
ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND
EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS
COMMUNICATION IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT FOR
DELIVERING THE COMMUNICATION TO THE INTENDED RECIPIENT, YOU ARE HEREBY
NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION
IN ERROR PLEASE NOTIFY THE SENDER IMMEDIATELY BY TELEPHONE CALL AND RETURN
THE COMMUNICATION TO THE ADDRESS ABOVE VIA THE UNITED STATES POSTAL SERVICE.
THANK-YOU.**