2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 02, 2001 8:00 am **DOCUMENT # J81149** Secretary of State 1. Entity Name ISLAND BREEZE CONSTRUCTION, INC. 03-02-2001 90012 047 ***150.00 Principal Place of Business Mailing Address 5952 SAILFISH RD 5952 SAILFISH RD BOKEELIA FL 33922-2837 BOKEELIA FL 33922-2837 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number **2638330** 62-1789464 Country_ _Country \$8.75 Additional 5=Gertificate of Status Desired 🚐 🕒 🗝 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MASON, RON Street Address (P.O. Box Number is Not Acceptable) 5952 SAILFISH RD BOKEELIA FL 33922-2837 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change ☐ Addition TITLE Delete MASON, RON NAME NAME 5952 SAILFISH RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOKEELIA FL 33922-2837 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE ☐ Delete ~ TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME

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 reactions with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

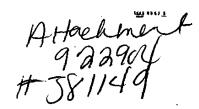
STREET ADDRESS

CITY-ST-ZIF

Ron Mason President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR





FACSIMILE TRANSMISSION INTERNAL REVENUE SERVICE

ATLANTA SERVICE CENTER
PO BOX 47-421
TELE-TIN UNIT STOP 751
DORAVILLE, GA 30362

DATE 10-20-99 RECD	Trie
NAME AND TITLE	FAX NUMBER
Ronald Mason	941-283-1356
IF YOU HAVE ANY QUESTIONS ABOUT OFFICE PLEASE CALL US AT (678) \$30- TOTAL PAGE: I COMMENTS: WE HAVE ASSIGNED NUMBER FOR THE ENTITY SHOWN I WRITTEN NOTIFICATION OF YOU NUMBER WITHIN 30 DAYS.	7925 OR (678) 534-7902. AN EMPLOYER IDENTIFICATION
COMPANY NAME: Island Bre	eze Construction Inc
EMPLOYER IDENTIFICATION NUMBE	1-12 170 aul 4

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 EMPLOYEL 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, FLEASE NOTIFY THE SENDER IMMEDIATELY BY TELETHORS CALL. AND RETURN THE COMMUNICATION TO THE ADDRESS ADDVE VIA THE UNITED STATES POSTAL SERVICE THANK-YOU.