2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L38214

1. Entity Name

SEABREEZE ENT. INC.

FILED
01 AUG 30 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00-01 UBR

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
500 N.E. 27TH DR.	500 N.E. 27TH DR.
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: WILTON MANORS, FL	City & State: WILTON MANORS, FL
Zip: 33334 Country: USA	Zip: 33334 Country: USA

4. FEI Number: 65-0159619 ☐ Applied For ☐ Not Applicable

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
JAMES ERICKSON 500 N.E. 27TH DR WILTON MANORS, FL 33334	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: James Erickson 4/30/01
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 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	PRES PATRICK MAHONEY 500 N.E 27TH DR WILTON MANORS, FL 33334 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.PRES JAMES ERICKSON 500 N.E. 27TH DR WILTON MANORS, FL 33334 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700004573407--9 -09/06/01--01112--004 ****300.00 ****300.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	201.25-AR 10.00-ARART ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700004573407--9 -09/06/01--01112--004 ****300.00 ****300.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	88.75-ARSUPP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: James Erickson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR