2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State
03-21-2003 90098 021 ***158.75

DOCUMENT # L38214

1. Entity Name
SEABREEZE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~2404-2 N DIXIE HWY~~	~~500 N.E. 27TH DRIVE~~
~~WILTON MANORS, FL 33305-3058 US~~	~~WILTON MANORS, FL 33334 US~~

2. Principal Place of Business	3. Mailing Address
20610 OAHU CIR	20610 OAHU CIR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ESTERO, FL	City & State: ESTERO, FL
Zip: 33928 Country: USA	Zip: 33928 Country: USA

☐ CHECK HERE IF MAKING CHANGES

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
ERICKSON, JAMES ~~500 N.E. 27TH DRIVE~~ ~~WILTON MANORS, FL 33334~~ 20610 OAHU CIR ESTERO, FL 33928	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: James Erickson
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting) DATE

~~FILING FEE IS $150.00~~
~~On or After May 1, 2003 Fee will be $400.00~~
~~Make Check Payable to: Florida Department of State~~

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BURNS, PARTICK M ~~500 N.E. 27TH DRIVE~~ 20610 OAHU CIR ~~WILTON MANORS, FL 33334~~ ESTERO, FL 33928	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ERICKSON, JAMES ~~500 N.E. 27TH DRIVE~~ 20610 OAHU CIR ~~WILTON MANORS, FL 33334~~ ESTERO, FL 33928	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James Erickson 3/19/03 239-287-3715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #