

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2003 8:00 am**  
**Secretary of State**

02-18-2003 90093 027 \*\*\*\*61.25

**DOCUMENT # N93000001839**

1. Entity Name

**GULF BREEZE POWER SQUADRON, INC.**



Principal Place of Business

**1007 CORONADO DRIVE  
GULF BREEZE FL 32563**

Mailing Address

**1007 CORONADO DRIVE  
GULF BREEZE FL 32563**

2. Principal Place of Business

3. Mailing Address

**907 Aquamarine**

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Gulf Breeze, FL**

Zip

Country

**32563**

Country

**USA**

4. FEI Number **59-3125505**

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

~~MEPHAM, THERESA A  
1007 CORONADO DRIVE  
GULF BREEZE FL 32563~~

**Carolle Seaton  
907 Aquamarine  
Gulf Breeze,  
FL**

Name

**Carolle Seaton**

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

**907 Aquamarine Dr.**

City

**Gulf Breeze**

FL

Zip Code

**32563**

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

**Carolle Seaton**

*Carolle Seaton*

**2/15/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SEATON, CAROLLE 907 AQUAMARINE DRIVE GULF BREEZE FL 32561	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MEPHAM, THERESA 1007 CORONADO DR GULF BREEZE FL 32563	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KUBLER, EDWIN 945 AQUAMARINE DR GULF BREEZE FL 32563	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAO JORDAN, HARVEY D 3008 COQUINA WY GULF BREEZE FL 32563	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEO GRIFFIN, JOHN 3911 W MADURA GULF BREEZE FL 32561	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Aelen Carol Thornburg 6547 Casa Del Mar Navarre, FL 32566	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Carolle C. Seaton 907 Aquamarine Dr Gulf Breeze, FL 32563	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT James E Roantree 4740 Huron Dr. Pensacola, FL 32507	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAO Fred E Tolbert, III 1500 Miracle Strip Pkwy SE Fort Walton, FL 32548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEO Walter Smith 102 E Garden St Pensacola, FL 32501	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (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 617, 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:

*Carolle C Seaton* **2/14/03 850 983-552**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR