

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/3

DOCUMENT # N99000004871

1. Entity Name

ISLAND BREEZE INTERNATIONAL, INC.

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90197 038 \*\*\*\*70.00

Principal Place of Business

7522 N. HIMES AVE.  
TAMPA FL 33614

Mailing Address

7522 N. HIMES AVE.  
TAMPA FL 33614-3205

2. Principal Place of Business

*No Change*

Suite, Apt. #, etc.

3. Mailing Address

*No Change*

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

*59-3606814*

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LE'AU, SOSENE  
7522 N. HIMES AVE.  
TAMPA FL 33614

7. Name and Address of New Registered Agent

Name

*Same - No Change*

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

*Sosene Leau - President*

(NOTE: Registered Agent signature required when reinstating)

*3-30-00*

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Harold Kent*  
*7522 N Himes Ave*  
*Tampa FL 33614* ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Joan Kent*  
*7522 N Himes Ave*  
*Tampa FL 33614* ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Kevin Howell*  
*7522 N Himes Ave*  
*Tampa FL 33614* ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Gayle Howell*  
*7522 N Himes Ave*  
*Tampa FL 33614* ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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:

*[Signature]*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-30-00 813-931-0616*

Date

Daytime Phone #

CR2E037 (9/99)