FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2001 8:00 am Secretary of State DOCUMENT # N9900004871 1. Entity Name ISLAND BREEZE INTERNATIONAL, INC. 04-24-2001 90259 048 ****70.00 Principal Place of Business Mailing Address 7522 N. HIMES AVE. 7522 N. HIMES AVE. TAMPA FL 33614 TAMPA FL 33614 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3606814 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LE'AU, SOSENE 7522 N. HIMES AVE. **TAMPA FL 33614** 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Pavable to \$5.00 May Be П Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11, TITLE ☐ Delete TITLE Addition N. Himes Ame NAME NAME KENT, HAROLD 7522・ STREET ADDRESS STREET ADDRESS 7522 N HINES AVE CITY-ST-ZIP CITY-ST-7IP <u>TAMPA FL 33614</u> Addition TITLE TITI F ☐ Change ☐ Delete MAIMA NAME KENT, JOAN NAME STREET ADDRESS STREET ADDRESS 7522 N HINES AVE FL 33614 CITY-ST-7iP---. CITY-ST-ZIP TAMPA FL: 33614 == TITLE Delete TITLE Change ☐ Addition NAME HOWELL, KEVIN NAME STREET ADDRESS STREET ADDRESS 7522 N HINES AVE CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33614** TITLE ☐ Change ■ Delete TITLE ☐ Addition NAME HOWELL, GAYLE NAME STREET ADDRESS STREET ADDRESS 7522 N HINES AVE CITY-ST-7iP CITY-ST-ZIP **TAMPA FL 33614** Delete TITLE TITLE Change ☐ Addition NAME NAME 1522 N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.