

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90046 039 ***150.00

DOCUMENT # P00000018398

1. Entity Name

SEABREEZE SERVICES, INC.

Principal Place of Business

**1579 EASTLAKE LANE
 SEBASTIAN FL 32958**

Mailing Address

**1579 EASTLAKE LANE
 SEBASTIAN FL 32958**

2. Principal Place of Business

745 Carnation Dr.

3. Mailing Address

745 Carnation Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sebastian FL

City & State

Sebastian FL

Zip

32958

Country

Zip

32958

Country

4. FEI Number

65-0983279

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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

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
 Make Check Payable to Department of State**

10. Election: Campaign Financing Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
 NAME **CHESTER, JENNIFER**
 STREET ADDRESS **1579 EASTLAKE LANE**
 CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **VTD** ☐ Delete
 NAME **CHESTER, THOMAS M II**
 STREET ADDRESS **1579 EASTLAKE LANE**
 CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Same** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **745 Carnation Drive**
 CITY-ST-ZIP **Sebastian, FL 32958**

TITLE **Same** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **745 Carnation Drive**
 CITY-ST-ZIP **Sebastian, FL 32958**

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-01 561-589-8582

Date

Daytime Phone #

CR2E034 (10/00)