

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90051 006 \*\*\*150.00

**DOCUMENT # P00000027808**

1. Entity Name  
**SEABREEZE PLAZA & PROPERTY MANAGEMENT, INC.**



Principal Place of Business  
**2663 AIRPORT ROAD SOUTH  
D-110  
NAPLES FL 34112**

Mailing Address  
**2150 GOODLETTE ROAD  
SUITE 700  
NAPLES FL 34102-4812**

2. Principal Place of Business

3. Mailing Address  
**13131 University Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Fort Myers FL**

Zip

Country

Zip  
**33907**

Country

**Lee**

4. FEI Number **65-0995251**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**BRYANT, EDWARD R  
700 11TH STREET SOUTH  
PH-II  
NAPLES FL 34102**

## 7. Name and Address of New Registered Agent

Name

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

**2663 AIRPORT ROAD SOUTH**

**D-110**

City

**NAPLES**

**FL**

Zip Code

**34112**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

TITLE **D** ☐ Delete  
NAME **BRYANT, EDWARD R JR.**  
STREET ADDRESS **2663 AIRPORT ROAD SOUTH D-110**  
CITY-ST-ZIP **NAPLES FL 34112**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition  
NAME **PRESIDENT/OWNER**  
STREET ADDRESS **DAVID STONEBURNER**  
CITY-ST-ZIP **4839 SHERRY LANE  
FORT MYERS, FL 33908**

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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)(f), 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:

*Janet K. Wick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/17/2003 (239) 489-3303 X284**

Date

Daytime Phone #

CR2E034 (10/02)