2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 FEB 28 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000029275

1. Entity Name
OCEAN BREEZE INVESTMENT CORP.

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
639 14TH AVE. SOUTH ST. PETERSBURG, FL 33701	639 14TH AVE. SOUTH ST. PETERSBURG, FL 33701

2. Principal Place of Business	3. Mailing Address
1713 Owen Dr.	1713 Owen Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clw, Fl	City & State: Clw, Fl
Zip: 33759 Country:	Zip: 33759 Country:

4. FEI Number: 59-3642215 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TEARNEY, MICHAEL J
639 14TH AVE. SOUTH
ST. PETERSBURG, FL 33701

7. Name and Address of New Registered Agent

Name: Debbie LeVine

Street Address (P.O. Box Number is Not Acceptable): 1713 Owen Dr Clw, Fl

City: Clearwater FL Zip Code: 33759

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: Debbie DATE: 2/21/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILING FEE IS $150.00
After May 1, 2003 Fee will be $400.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TEARNEY, MICHAEL J 639 14TH AVENUE S SAINT PETERSBURG, FL 33701	☑ Delete	PD Debbie LeVine 1713 Owen Dr Clw, Fl 33759	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ Delete		☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	700013276527 02/28/03--01068--004 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☑ Change ☐ Addition

CR2E034 (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 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: Debbie LeVine Date: 2/21/03 Daytime Phone # (727) 434-4040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

gs-313

150
35A