

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90002 015 \*\*\*150.00

DOCUMENT # **P00000116601**

1. Entity Name

**GULF BREEZE SYSTEMS DESIGN, INC.** ✓

**DO NOT WRITE IN THIS SPACE**

824590

2. Principal Place of Business

**BONITA SPRINGS**

3. Mailing Address

**POB 160**

Suite, Apt. #, etc.

**POB 160**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**BONITA SPRINGS FL**

City & State

**BONITA SPRINGS FL**

4. FEI Number

**65-1067689**

Applied For

Not Applicable

Zip

**34133**

Country

**LEE**

Zip

**34133**

Country

**LEE**

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**ERIC KLINE**

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

**10100 DEER RUN FARMS Rd - STE 230**

City

**FT MYERS**

FL

Zip Code

**33912**

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

**PRESIDENT**

NAME

**ERIC KLINE**

STREET ADDRESS

**POB 160**

CITY - ST - ZIP

**BONITA Sp. FL 34133**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

TITLE

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 on an attachment with an address, with all other like empowered

SIGNATURE:

**Eric Kline**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/11/02**

Date

**941-495-7672**

Daytime Phone #

CR2E034B (12/01)

**DO NOT WRITE  
IN THIS SPACE**