

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90102 045 \*\*\*558.75

**DOCUMENT # P01000054344**

1. Entity Name

**N & P SEABREEZE LANDSCAPING & LAWN CARE INC.**

Principal Place of Business

**4003 BANCROFT DRIVE  
HOLIDAY FL 34691**

Mailing Address

**4003 BANCROFT DRIVE  
HOLIDAY FL 34691**

2. Principal Place of Business

**4003 Bancroft Dr.**

3. Mailing Address

**4003 Bancroft Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Holiday FL**

City & State

**Holiday FL**

Zip

**34691**

Country

**FL**

Zip

**34691**

Country

**FL**

4. FEI Number

**59-3724891**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIRIDIS, NICK**

**4003 BANCROFT DRIVE  
HOLIDAY FL 34691**

**Holiday**

7. Name and Address of New Registered Agent

Name

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

City

**Holiday**

**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 **Nick Spiridis P/D**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9/4/02**

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, 2002 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 **D** ☐ Delete  
NAME **SPIRIDIS, NICK**  
STREET ADDRESS **4003 BANCROFT DRIVE**  
CITY-ST-ZIP **HOLIDAY FL 34691**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☒ Change ☐ Addition  
NAME **Spiridis, Nick**  
STREET ADDRESS **4003 Bancroft Drive**  
CITY-ST-ZIP **Holiday FL 34691**

TITLE **VIT** ☐ Change ☒ Addition  
NAME **Spiridis, Shanna**  
STREET ADDRESS **4003 Bancroft Drive**  
CITY-ST-ZIP **Holiday FL 34691**

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

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 corporations.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/4/02**  
Date

**5797  
514-6480**  
Daytime Phone #

CR2E034 (9/01)