CD0E034 (10/02)

## 2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)					Feb 13, 2003 8:00 am			
DOCUMENT # P0100056333  1. Entity Name CATCH THE BREEZE INC.					Secretary of State 02-13-2003 90256 045 ***150.00			
Principal Place 832 DODECANS TARPON SPRIN	ESE BLVD.	Mailing Address 832 DODECANESE BLVD. TARPON SPRINGS FL 34689						
2. Principal Pla	ce of Business	3. Mailing Address					, 6,,25 ,,,66 ,,	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 59-372409	2	<u> </u>	lied For Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired		3.75 Additi e Required	ional
	6 Name and Address of Curren	t Registered Agent	<u> </u>		7. Name and Address of New	Registered Age	ent	
6. Name and Address of Current Registered Agent				ime	and the second of the second o	· · ·		
NEHR, PETER 838 DODECANESE BLVD.			Str	eet Address (	P.O. Box Number is Not Acceptab	e)		
·						<del></del>		
TARPON SPRINGS FL 34689			Cit			FL	Zip Code	
K-		-//1		•	the Charles of C		ailiar with a	nd accent
8. The above	named entity submits his statement	for the purpose of changing is	ts registered of	fice or register	ed agent, or both, in the State of F	iorida. Lamilian	illar Willi, a	no accept
the obligation	ons of registered wisht.	11/90				2/14	63	
	184	A LOUIS A CONTRACTOR (NO.	OTE: Registered Ager	nt signature required	when reinstating)	DATE		
	Signature, typed of printed name of registered age	int and title if applicable.		t signature require				
FILE NOW!!! <sup>2</sup> FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State					9. Election Campaign F Trust Fund Contribut			May Be to Fees
		D DIRECTORS	11.	<u>-</u> .	ADDITIONS/CHANGES TO O	FICERS AND D	IRECTORS	IN 11
TITLE	V	☐ Delete	TITLE				Change	Addition
NAME	NEHR, ANITA		NAME					
STREET ADDRESS	832 DODECANESE BLVD.		STREET AD					
CITY-ST-ZIP	TARPON SPRINGS FL 34689	<u> </u>	CITY-ST-Z	ar			Change	Addition
TITLE	P	☐ Delete	TITLE NAME	1		L	_ Gridings	LL Hadition
NAME	NEHR, PETER		STREET AD	DRESS				
STREET ADDRESS CITY-ST-ZIP	838 DADECORSE BLVD. TARPON SPRINGS FL 34689		CITY-ST-Z					
	IARPON SPRINGS IL 04005	Delete	TITLE			[	Change	Addition
TITLE NAME	- <del>- · · · · · · · · · · · · · · · · · ·</del>		NAME					
STREET ADDRESS			STREET AD	<b>I</b>				
CITY-ST-ZIP		<u> </u>	CITY-ST-2	ZIP				Maduta-
TITLE		☐ Oelete	TITLE				Change	Addition
NAME			NAME PERSONAL	DDEEC				
STREET ADDRESS			STREET AD CITY-ST-2					
CITY-ST-ZIP				<u> </u>			Change	Addition
TITLE		☐ Delete	. TITLE NAMÉ					
NARAC			14, 44, 7					

does not cualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accirate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if procured. I hereby certify that the information indicated on this report or supplement of the corporation or the receiver or changed, or on an attachment with applied with this filing intal report is true and trustee empowered and the second sec

UIRED

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

7

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

727 938 0107

☐ Change

☐ Addition

Daytime Phone #