
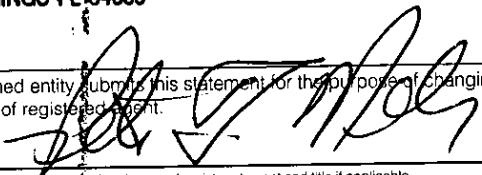
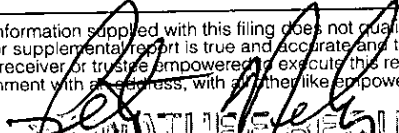


FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90256 045 ***150.00

0588458 AV

DOCUMENT # P01000056333			
1. Entity Name CATCH THE BREEZE INC.			
Principal Place of Business 832 DODECANESE BLVD. TARPON SPRINGS FL 34689		Mailing Address 832 DODECANESE BLVD. TARPON SPRINGS FL 34689	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
NEHR, PETER 832 DODECANESE BLVD. TARPON SPRINGS FL 34689			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, and the obligations of registered agent.			
SIGNATURE		(NOTE: Registered Agent signature required)	
			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	V <input type="checkbox"/> Delete	TITLE	
NAME	NEHR, ANITA	NAME	
STREET ADDRESS	832 DODECANESE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	
NAME	NEHR, PETER	NAME	
STREET ADDRESS	838 DADECORSE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 6, F.S., and that the information is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6, F.S., changed, or on an attachment with a new address, with all other like empowered.			
SIGNATURE:		SIGNATURE REQUIRED	
			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

☐ CHECK HERE IF MAKING CHANGES

(C) 2017 Pearson Education, Inc.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #