

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2002 8:00 am
Secretary of State

09-19-2002 90162 008 ***550.00

DOCUMENT # P01000065262

1. Entity Name
CARIBBEAN BREEZE, INC.

Principal Place of Business
21331 CORKSCREW VILLAGE LANE
ESTERO FL 33928

Mailing Address
21331 CORKSCREW VILLAGE LANE
ESTERO FL 33928

2. Principal Place of Business

3. Mailing Address
5628 Strand Blvd, # B5

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MSC 204

City & State

City & State
Naples FL

Zip

Country

Zip

Country

34110

USA

4. FEI Number

05-1120070

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SZEMPRUCH, DAVID J
4910 TAMiami TRAIL N., STE 210
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

Karen Elsaid

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

5628 Strand Blvd B5

MSC 204

City

Naples

FL

Zip Code

34110

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

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) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ELSAID, GOMA**
 CITY-ST-ZIP **21331 CORKSCREW VILLAGE LANE**
ESTERO FL 33928

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID J. SZEMPRUCH

9.10.02

239-254-7999

Date

Daytime Phone #

CR2E034 (4/02)