

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91842 035 ***150.00

DOCUMENT # P02000009130

1. Entity Name
GROUND BREAKAZ INC.



Principal Place of Business
**P.O. BOX 151903
TAMPA FL 33684**

Mailing Address
**P.O. BOX 151903
TAMPA FL 33684**

2. Principal Place of Business
7405 Meadow Dr
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 151903
Suite, Apt. #, etc.

City & State
Tampa FL
Zip
33634

City & State
TAMPA FL
Zip
33684

4. FEI Number
02 0567334

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HUMPHREY, JOSEPH A
9511 HAMLET LANE
TAMPA FL 33635**

7. Name and Address of New Registered Agent

Name **ANNETTE DANIELS-Williams**
Street Address (P.O. Box Number is Not Acceptable)
7405 Meadow Dr
City **TAMPA** FL Zip Code **33634**

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

4-30-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE OWNER	<input type="checkbox"/> Delete
NAME ANNETTE DANIELS-WILLIAMS	
STREET ADDRESS 7405 Meadow Dr.	
CITY-ST-ZIP TAMPA FL 33634	
TITLE OWNER	<input type="checkbox"/> Delete
NAME Tyren T. Lang Sr.	
STREET ADDRESS 7405 Meadow Dr.	
CITY-ST-ZIP TAMPA FL 33634	
TITLE OWNER	<input type="checkbox"/> Delete
NAME Byron Humphrey	
STREET ADDRESS B 7334 Monterey Blvd	
CITY-ST-ZIP TAMPA FL 33625	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ANNETTE DANIELS-Williams** **43003 813**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)