

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91371 003 ***150.00

DOCUMENT # P02000012108

1. Entity Name
SEABREEZE OFFICE SERVICES, INC.



Principal Place of Business
1794 ROGERO ROAD
JACKSONVILLE FL 32211

Mailing Address
1794 ROGERO ROAD
JACKSONVILLE FL 32211

2. Principal Place of Business
2829 OAK COVE LANE
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 8783
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE FL

4. FEI Number
41-2025612

Applied For
Not Applicable

Zip
32277 **Country**
DUVAL

Zip
32239 **Country**
DUVAL

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

6. Name and Address of Current Registered Agent

COATES, IONA K
1794 ROGERO ROAD
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

Name **ROSEMARY E. CLARE**
Street Address (P.O. Box Number is Not Acceptable)
1943 BANBURY ROAD
City **JACKSONVILLE** **FL** **Zip Code** **32211**

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 *Rosemary E. Clare*
Signature, typed or printed name of registered agent and title if applicable.

ROSEMARY E. CLARE
PRESIDENT

4/24/2003
DATE

(NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **CLARE, ROSEMARY E**
STREET ADDRESS **1794 ROGERO ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **P** ☒ Change ☐ Addition
NAME **ROSEMARY E. CLARE**
STREET ADDRESS **1943 BANBURY ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32211**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Change ☒ Addition
NAME **MICHAEL K. BREEN**
STREET ADDRESS **1943 BANBURY ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32211**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Rosemary E. Clare*
ROSEMARY E. CLARE
PRESIDENT

4/24/2003 (904) 744-3473
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)