

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

3. Mailing Address
P.O. Box 8783

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE FL

Zip **32211** Country **DUVAL**

Zip **32239** Country **DUVAL**

6. Name and Address of Current Registered Agent

COATES, IONA K
1794 ROGERO ROAD
JACKSONVILLE FL 32211

4. FEI Number
41-2025612

Applied For
Not Applicable

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

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 **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.

(NOTE: Registered Agent signature required when reinstating)

DATE *4/24/2003*

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

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARE, ROSEMARY E 1794 ROGERO ROAD JACKSONVILLE FL 32211	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSEMARY E. CLARE 1943 BANBURY ROAD JACKSONVILLE, FL 32211	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MICHAEL K. BREEN 1943 BANBURY ROAD JACKSONVILLE, FL 32211	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROSEMARY E. CLARE

4/24/2003 (904) 744-3473

Daytime Phone #

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

04-28-2003 91371 003 ***150.00



CHECK HERE IF MAKING CHANGES

CF2E034 (10/02)