


**FILED**  
**May 13, 2004 8:00 am**  
**Secretary of State**

24075238

DOCUMENT # P02000027437

1. Entity Name  
OCEAN BREEZE FLOORING CONCEPTS, INC.



Principal Place of Business  
8403 W. MCNAB ROAD  
TAMARAC, FL 33321 US

Mailing Address  
8403 W. MCNAB ROAD  
TAMARAC, FL 33321 US

2. Principal Place of Business  
10394 NW 49 COURT  
Suite, Apt. #, etc.

3. Mailing Address  
PO BOX 5043  
Suite, Apt. #, etc.

City & State  
CORAL SPRINGS FL  
Zip  
33076  
Country  
USA

City & State  
FORT LAUDERDALE FL  
Zip  
33310  
Country  
USA

4. FEI Number  
04-3628402

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
MODESITT, BRIAN L  
8403 W. MCNAB ROAD  
TAMARAC, FL 33321

7. Name and Address of New Registered Agent  
Name  
BRIAN L MODESITT  
Street Address (P.O. Box Number is Not Acceptable)  
10394 NW 49 COURT  
City  
CORAL SPRING FL  
Zip Code  
33076

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  
B. L. Modesitt  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MODESITT, BRIAN L  
8403 W. MCNAB ROAD  
TAMARAC, FL 33321  
Delete


11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MODESITT, BRIAN L  
10394 NW 49 COURT  
CORAL SPRINGS FL 33076  
Change 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  
B. L. Modesitt  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-13-2004 90008 034 \*\*\*150.00

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