

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

AMENDED

APPROVED
AND
FILED

02 JUL -1 AM 7:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000044196

1. Entity Name

BAY BREEZE HOLDINGS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

576 BAYWOOD DR. N.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

SAME

City & State

DUNEDIN, FLORIDA

City & State

DUNEDIN, FLORIDA

Zip

34698

Country

USA

Zip

34698

Country

USA

4. FEI Number

030438294

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JAMES J. JONES

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

576 BAYWOOD DR. NORTH

City

DUNEDIN

FL

Zip

34698

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.

SIGNATURE

[Signature]

JAMES J. JONES

6-25-02

(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)

☐

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$81.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT / DIRECTOR
JAMES J. JONES
576 BAYWOOD DRIVE NORTH
DUNEDIN, FLA. 34698

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

JAMES J. JONES

DIRECTOR
PRESIDENT

6-25-02

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR1E034B (12/01)