

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90435 010 ***150.00

DOCUMENT # P02000079459

1. Entity Name
SEABREEZE TITLE & ESCROW, INC.



Principal Place of Business
3150 WINDMOOR DRIVE NORTH
PALM HARBOR FL 34685

Mailing Address
3150 WINDMOOR DRIVE NORTH
PALM HARBOR FL 34685

2. Principal Place of Business

28870 US HWY 19 N

Suite, Apt. #, etc.

300

City & State

CLEARWATER FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number

54-2064676

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

A1A CORPORATE SERVICES INC.
218 SOUTHERN COUNTRY LANE
QUINCY FL 32351

7. Name and Address of New Registered Agent

Name **SUZAN CLIFTON**

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

3150 WINDMOOR DR N

PALM HARBOR

FL 34685

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 *Suzan Clifton*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-03



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 **PD** ☐ Delete
NAME **CLIFTON, SUZAN**
STREET ADDRESS **9920 88TH STREET N**
CITY-ST-ZIP **LARGO FL 33777**

TITLE **VD** ☐ Delete
NAME **GIUNTA, CYNTHIA**
STREET ADDRESS **9920 88TH STREET N**
CITY-ST-ZIP **LARGO FL 33777**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **CLIFTON, SUZAN**
STREET ADDRESS **3150 WINDMOOR DR N**
CITY-ST-ZIP **PALM HARBOR, FL 34685**

TITLE **VD** ☒ Change ☐ Addition
NAME **GIUNTA, CYNTHIA**
STREET ADDRESS **4227 SHELDON PLACE**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Suzan Clifton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-03

Date

727-724-1899

Daytime Phone #

CR2E034 (10/02)