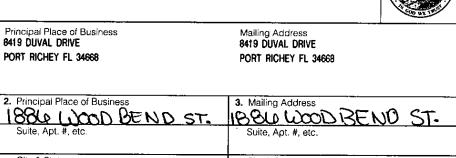
## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)** DC

**FILED** Feb 26, 2003 8:00 am Secretary of State

02-26-2003 90132 018 \*\*\*150.00

DOCUMENT #	P02000080373	
1. Entity Name SEA BREEZE LAWN &	LANDSCAPE TWO INC.	





CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For TARPON SPRINGS-FL tarpon Not Applicable \$8.75 Additional -5. Certificate of Status Desired --- -- 🗔 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KOKALIDIS, TINA L

8419 DUVAL DRIVE PORT RICHEY FL 34668

SIGNATURE

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

TARPON SPRINGS 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 ef

FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

\$5.00 May Be

After May 1, 2003 Fee will be \$550.00

	k Payable to Florida Department of State				Trust Fund Contribution.	☐ Ådded	to Fees
10. OFFICERS AND DIRECTORS		11.	AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11	
	P KOKALIDIS, TINA L 8419 DUVAL DRIVE PORT RICHEY FL 34668	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOKA 1886 TOPP	ILIDÍS TINA L WOOD BEND ON EPRINGS FI	YChange -: STREE .3408	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST_ZIP			☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		***************************************	☐ 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:**