

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000082077

1. Entity Name

SEABREEZE LAUNDRY, INC.



Principal Place of Business

901 OCEAN BLVD., UNIT 58
ATLANTIC BEACH FL 32233

Mailing Address

901 OCEAN BLVD., UNIT 58
ATLANTIC BEACH FL 32233

2. Principal Place of Business

215 16th Ave S.
Suite, Apt. #, etc.
Jax Bch. FL
City & State 32233

3. Mailing Address

215 16th Ave S.
Suite, Apt. #, etc.
Jax Bch. FL
City & State



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

75 3087709

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAN, FE VASQUEZ
901 OCEAN BLVD., UNIT 58
ATLANTIC BEACH FL 32233

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FE VASQUEZ TAN

8/1/03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 D
NAME TAN, FE VASQUEZ
STREET ADDRESS 901 OCEAN BLVD., UNIT 58
CITY-ST-ZIP ATLANTIC BEACH FL 32233

☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/03 904 651 8114

Date

Daytime Phone #

000403 AV

CR2E034 (4/03)