

2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Feb 13, 2001 8:00 am
Secretary of State

01-26-2001 90163 033 ***150.00

DOCUMENT # P93000019454

1. Entity Name

SUNBREEZE INVESTMENT COMPANY, INC.

Principal Place of Business

**25 HOMESTEAD RD N
 11
 LEHIGH ACRES FL 33936
 US**

Mailing Address

**25 HOMESTEAD RD N
 11
 LEHIGH ACRES FL 33936
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0413861**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUDSON, WILLIAM J JR
 9250-3 COLLEGE PARKWAY
 FT MYERS FL 33919**

Name

John M. Morgan

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

302 Lee Boulevard, Suite 102

City

Lehigh Acres

FL

Zip Code

33936

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

John M. Morgan
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2-7-01
 DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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	DPT	<input type="checkbox"/> Delete
NAME	BOROSCH, EUGEN	
STREET ADDRESS	25 HOMESTEAD RD N STE 11	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BOROSCH, CONCEPCION M	
STREET ADDRESS	25 HOMESTEAD RD N STE 11	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Concepcion M. Borosch
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/01
 Date

941-368-6080
 Daytime Phone #

CR2E034 (10/00)