

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90334 023 ***150.00

DOCUMENT # P94000018529

1. Entity Name
SEABREEZE WHOLESALE COMPANY, INC.

Principal Place of Business

1621 GULF BLVD

UNIT 1106

CLEARWATER FL 33767

Mailing Address

P I BOX 3806

CLEARWATER FL 33767

2. Principal Place of Business

3. Mailing Address

P. O. Box 3806

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Clearwater, FL

4. FEI Number

59-3229247

Applied For

Not Applicable

Zip

Country

Zip

Country

33767

USA

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

LIPSEY, LESLIE R

4965 TURTLE CREEK TRAIL

OLDSMAR FL 34677

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.

SIGNATURE

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **LIPSEY, LESLIE**
STREET ADDRESS **4468 TURTLE CREEK TRAIL**
CITY-ST-ZIP **OLDSMAR FL 34611**

TITLE ☒ Change ☐ Addition
NAME **Leslie R. Lipsey**
STREET ADDRESS **4965 Turtle Creek Trail**
CITY-ST-ZIP **Oldsmar, FL 34677**

TITLE **VP** ☐ Delete
NAME **SHATTUCK, GREGORY L**
STREET ADDRESS **1621 GULF BLVD- #1106**
CITY-ST-ZIP **CLEARWATER FL 33767**

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

TITLE **ST** ☐ Delete
NAME **WANZIE, LAUREN**
STREET ADDRESS **10241 INDIAN MOUND DR**
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

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

TITLE **D** ☐ Delete
NAME **LIPSEY, LESLIE L**
STREET ADDRESS **1127 ROYAL TROON CT**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Leslie R. Lipsey
President

4/12/02
Date

813-854-3131
Daytime Phone #

CR2E034 (9/01)