

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000026189

1. Corporation Name

GULF BREEZE MANAGEMENT SERVICES, INC.

Principal Place of Business

10651 WOOD IBIS
BONITA SPRINGS FL 34135
US

Mailing Address

10651 WOOD IBIS
BONITA SPRINGS FL 33923

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90234 026 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1995

4. FEI Number

65-0589261

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 27725 Old 41

Suite, Apt. #, etc.

22 Suite 206

City & State

23 Bonita Springs, FL

Zip

24 34135

Country

25 USA

2a. Mailing Address

26 27725 Old 41

Suite, Apt. #, etc.

27 Suite 206

City & State

28 Bonita Springs, FL

Zip

29 34135

Country

30 USA

9. Name and Address of Current Registered Agent

MAURER, ESTELLE K
10651 WOOD IBIS
SUITE 300
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name
Estelle K. Maurer

82 Street Address (P.O. Box Number is Not Acceptable)
27725 Old 41, Suite 206

83

84 City
Bonita Springs

FL

85 Zip Code
34135

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Estelle K. Maurer

April 15, 1999

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME MAURER, ESTELLE K
STREET ADDRESS 10651 WOOD IBIS
CITY-ST-ZIP BONITA SPRINGS FL

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Estelle K. Maurer
1.3 STREET ADDRESS 27725 Old 41, Suite 206
1.4 CITY-ST-ZIP Bonita Springs, FL 34135

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Estelle K. Maurer

Date

Daytime Phone #

4/15/99 (941) 498-3311

CR2E034 (11/98)