

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90093 023 ***150.00

DOCUMENT # P95000026189

1. Entity Name
GULF BREEZE MANAGEMENT SERVICES, INC.



Principal Place of Business
**27725 OLD 41
SUITE 104
BONITA SPRINGS FL 34135
US**

Mailing Address
**27725 OLD 41
SUITE 104
BONITA SPRINGS FL 34135
US**



2. Principal Place of Business
12548 LAKE SHALIMAR DR
Suite, Apt. #, etc.

3. Mailing Address
12548 LAKE SHALIMAR DR
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
BONITA SPRINGS, FL

City & State
BONITA SPRINGS, FL

4. FEI Number **65-0589261**

Applied For
☐ Not Applicable

Zip **34135** Country **U.S.A.**

Zip **34135** Country **U.S.A.**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SHIPP, ESTELLE K
27725 OLD 41, SUITE 104
GULF BREEZE MANAGEMENT SERVICE INC
BONITA SPRINGS FL 34135**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
12548 LAKE SHALIMAR DRIVE
City **BONITA SPRINGS** **FL** Zip Code **34135**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHIPP, ESTELLE K 27725 OLD 41 SUITE 104 BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **4/6/2003** **(239) 498-2124**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)