

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000062494

1. Entity Name

SEA BREEZE COFFEE & TEA, INC.

FILED
Apr 01, 2000 8:00 am
Secretary of State

04-01-2000 90001 036 ***150.00

Principal Place of Business

Mailing Address

2307 63RD AVENUE EAST
SUITE E
BRADENTON FL 34203

P.O. BOX 20442
BRADENTON FL 34204-0442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0696732**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MYERS, JOHN H
2831 RINGLING BLVD.
B-107
SARASOTA FL 34237

Name **WENDELL W. THORNE**
Street Address (P.O. Box Number is Not Acceptable) **2307 63RD AVE EAST # E**
City **BRADENTON** FL **34203**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **3-28-00**

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	KOPSTAD, SUSAN	4608 SWORDFISH DR	BRADENTON FL 34208				
	KOPSTAD, TODD	4608 SWORDFISH DR	BRADENTON FL 34208				

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: *Susan Kopstad* *Susan Kopstad* 941-758-1249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)