

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90042 020 ***150.00

00002580



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000101497

1. Entity Name
AMERICAN SEA BREEZE INC.

Principal Place of Business
10570 S FEDERAL HWY STE 200
PORT ST LUCIE FL 34952

Mailing Address
10570 S FEDERAL HWY STE 200
PORT ST LUCIE FL 34952

2. Principal Place of Business
10570 S Federal Highway
Suite, Apt. #, etc.
Suite #201
City & State
Port St. Lucie, FL
Zip
34952
Country
St. Lucie

3. Mailing Address
10570 S. Federal Highway
Suite, Apt. #, etc.
Suite #201
City & State
Port St. Lucie, FL
Zip
34952
Country
St. Lucie

4. FEI Number 65-0720654 **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent
ELLIOTT, NICHOLAS
10570 S FEDERAL HWY STE 200
PORT ST LUCIE FL 34952

7. Name and Address of New Registered Agent
Name
Elliott, Nicholas
Street Address (P.O. Box Number is Not Acceptable)
10570 S. Federal Highway, Suite #201
City
Port St. Lucie FL Zip Code
34952

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 (NOTE: Registered Agent signature required when reinstating) DATE 1/5/01

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP ELLIOT, NICHOLAS 10570 S FEDERAL HWY STE 200 PORT ST LUCIE FL 34952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10570 S. Federal Highway, Suite #201 Port St. Lucie, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S ELLIOT, PAUL A 10570 S FEDERAL HWY STE 200 PORT ST LUCIE FL 34952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10570 S. Federal Highway, Suite #201 Port St. Lucie, FL 34952
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Nicholas Elliott, President** **1/5/01** **(561) 398-1100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)