

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90101 040 ***150.00

DOCUMENT # P96000101497

1. Entity Name
AMERICAN SEA BREEZE INC.

Principal Place of Business
10570 S. FEDERAL HIGHWAY
STE 201
PORT SAINT LUCIE FL 34952

Mailing Address
10570 S. FEDERAL HIGHWAY
STE 201
PORT SAINT LUCIE FL 34952

2. Principal Place of Business
~~10570~~ **10570 S Federal Hwy**
 Suite, Apt. #, etc.
Suite 101

3. Mailing Address
10570 S Federal Hwy
 Suite, Apt. #, etc.
101

City & State
Port St. Lucie FL

City & State
Port St. Lucie FL

Zip
34952

Country
US

Zip
34952

Country
US

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 201
PORT ST LUCIE FL 34952

7. Name and Address of New Registered Agent

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 

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/02

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DCP
ELLIOT, NICHOLAS
10570 S. FEDERAL HWY, STE 201
PORT ST LUCIE FL 34952 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VP/S
ELLIOT, PAUL A
10570 S. FEDERAL HIGHWAY, STE 201
PORT ST LUCIE FL 34952 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02

Date

Daytime Phone #

772-348-1100

CR2E034 (9/01)