

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90702 021 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P-97000024734

1. Entity Name

SOUTHBREEZE, INC.

DO NOT WRITE IN THIS SPACE

763480

2. Principal Place of Business

6330 SIGUENZA DR.

Suite, Apt. #, etc.

3. Mailing Address

6330 SIGUENZA DR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

4. FEI Number

58-2317471

Applied For

Not Applicable

Zip

32507

Country

USA

Zip

32507

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

FARRINGTON, WILLIAM E II

Street Address (P.O. Box Number is Not Acceptable)

307 SOUTH PALFOX ST.

City

PENSACOLA

FL

Zip Code

32501

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

D
PFISTER, RICHARD C
6330 SIGUENZA DR.
PENSACOLA, FL 32507

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard C. Pfister
RICHARD C. PFISTER
PRESIDENT

Date

5 April 02

Daytime Phone #

850
492-5213

CR2E034B (12/01)