

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FC

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90526 043 ***158.75

DOCUMENT # P97000024734

1. Entity Name
SOUTHBREEZE, INC.



Principal Place of Business
**6330 SIGUENZA DRIVE
PENSACOLA FL 32507**

Mailing Address
**6330 SIGUENZA DRIVE
PENSACOLA FL 32507**

2. Principal Place of Business
12957 ISLAND SPIRIT DR

3. Mailing Address
12957 ISLAND SPIRIT DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PENSACOLA FL

City & State
PENSACOLA FL

4. FEI Number **58-2317471**

Applied For
Not Applicable

Zip Country
32506 USA

Zip Country
32506 USA

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**FARRINGTON, WILLIAM E II
307 SOUTH PALAFOX STREET
PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name **GARY PFISTER**
Street Address (P.O. Box Number is Not Acceptable)
12957 ISLAND SPIRIT DR
City **PENSACOLA** FL Zip **32506**

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

(NOTE: Registered Agent signature required when reinstating)

1/23/03

DATE

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

TITLE **D** ☒ Delete
NAME **PFISTER, RICHARD C**
STREET ADDRESS **6330 SIGUENZA DRIVE**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **GARY PFISTER**
STREET ADDRESS **12957 ISLAND SPIRIT DR**
CITY-ST-ZIP **PENSACOLA FL 32506**

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

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

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/03 (850) 492-4315
Date Daytime Phone #

CR2E034 (10/02)