

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088021

1. Entity Name

SUMMERBREEZE, INC.

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

05-01-2000 90026 018 ***150.00

Principal Place of Business

4311 W WATERS AVENUE SUITE 600
TAMPA FL 33614

Mailing Address

4311 W WATERS AVENUE SUITE 600
TAMPA FL 33614-1979

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3492437

Applied For

Not Applicable

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

~~DAVIS, PAUL C ESQ~~
~~777 S HARBOUR ISLAND BLVD~~
~~TAMPA FL 33602-5799~~

Name

JOSEPH M. WILLIAMS

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

4311 W. WATERS AVE, SUITE 600

City

Tampa

FL

33614

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 elect, 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) ☐

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 ☐ Delete
NAME WILLIAMS, JOSEPH M
STREET ADDRESS 1501 W WATERS AVENUE SUITE 402
CITY-ST-ZIP TAMPA FL 33614

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

TITLE ☒ Delete
NAME ~~WATKINS, DAVID B JR.~~
STREET ADDRESS ~~4311 W WATERS AVENUE SUITE 600~~
CITY-ST-ZIP ~~TAMPA FL 33614~~

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

TITLE ☐ Delete
NAME PINCKNEY, CHARLIE
STREET ADDRESS 777 S HARBOUR ISLAND BLVD SUITE 990
CITY-ST-ZIP TAMPA FL 33602

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

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

Date

Daytime Phone #

4/25/00

813 882 0599