

00 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000048907**

Entity Name

BREECHES BUOY, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90121 040 ***150.00

C0084211

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
2. Principal Place of Business 1107 KEY PLAZA #128 Suite, Apt #, etc.		3. Mailing Address 1107 KEY PLAZA #128 Suite, Apt #, etc.	
City & State KEY WEST, FL Zip 33040 Country MONROG		City & State KEY WEST, FL Zip 33040 Country MONROG	
4. FEI Number 98-351167		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name ALICE L. WALSH	
		Street Address (P.O. Box Number is Not Acceptable) 1107 KEY PLAZA #128	
		City KEY WEST FL Zip Code 33040	
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 Alice L. Walsh, Alice L. Walsh, VP <small>Signature, typed or printed name of registered agent and title if applicable.</small>		4/21/00 <small>DATE</small>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State </div>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT WALSH WILLIAM 1107 KEY PLAZA #128 KEY WEST, FL 33040	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT WILLIAM WALSH 1107 KEY PLAZA #128 KEY WEST, FL 33040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP WALSH ALICE LEO 1107 KEY PLAZA #128 KEY WEST, FL 33040	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP V/S ALICE L. WALSH 1107 KEY PLAZA #128 KEY WEST, FL 33040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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

CR2E034 (9/99)

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: **Alice L. Walsh** **Alice L. Walsh** **4/21/00** **305-294-5061**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #