

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000048907**1. Entity Name  
BREECHES BUOY, INC.**Principal Place of Business**

1107 KEY PLAZA #128

KEY WEST  
33040

FL

**Mailing Address**

1107 KEY PLAZA #128

KEY WEST  
33040

FL

**2. Principal Place of Business**

5560 93RD AVENUE NO

**3. Mailing Address**

5560 93RD AVENUE NO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

PINELLAS PARK

FL

**City & State**

PINELLAS PARK

FL

Zip  
33782

Country

Zip  
33782

Country

**4. FEI Number**

59-3514871

Applied For

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**WALSH ALICE L  
1107 KEY PLAZA #128KEY WEST  
33040

FL

US

**7. Name and Address of New Registered Agent****Name**

WALSH ALICE L

Street Address (P.O. Box Number is Not Acceptable)  
5560 93RD AVENUE NOCity  
PINELLAS PARK

FL

Zip Code  
33782

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)

04/26/2001

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, 2001 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	VST	<input type="checkbox"/> Delete
NAME	WALSH ALICE L	
STREET ADDRESS	1107 KEY PLAZA #128	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	P	<input type="checkbox"/> Delete
NAME	WALSH WILLIAM	
STREET ADDRESS	1107 KEY PLAZA #128	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH ALICE L	
STREET ADDRESS	5560 93RD AVENUE NO	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** Alice L. Walsh

VST

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)