

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000048907

1. Entity Name
BREECHES BUOY, INC.



FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90121 023 ***150.00

0479699 AV

Principal Place of Business

10500 54TH AVE N
SAINT PETERSBURG FL 33708

Mailing Address

10500 54TH AVE N
SAINT PETERSBURG FL 33708

JUU84U55



2. Principal Place of Business

601 STARKES RD.

3. Mailing Address

601 STARKES RD.

Suite, Apt. #, etc.

285

Suite, Apt. #, etc.

285

City & State

LARGO

City & State

LARGO FL

Zip

33771

Country

FLORIDA

Zip

33771

Country

FLORIDA

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

10500 54TH AVE N

SAINT PETERSBURG FL 33708

7. Name and Address of New Registered Agent

Name

William J Walsh

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

601 STARKES RD. # 285

City LARGO

FL

Zip Code

33771

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 William J Walsh Jr.

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4-8-03

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	P	<input type="checkbox"/> Delete
NAME	WALSH, WILLIAM	
STREET ADDRESS	1107 KEY PLAZA #128	SAME
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	VST	<input checked="" type="checkbox"/> Delete
NAME	WALSH, ALICE L	
STREET ADDRESS	5560 93RD AVENUE NO	GONE
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	ALL OFFERS HOLD BY MYSELF	<input type="checkbox"/> Delete
NAME	WJ WALSH	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	THANKS	<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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SID V/S VITID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM J WALSH	
STREET ADDRESS	601 STARKES RD.	
CITY-ST-ZIP	LARGO FL 33771	
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		

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: William J Walsh Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-688-7411
727-599-2155

DATE 4-8-03 Daytime Phone #

CR2E034 (10/02)