## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 06, 2001 8:00 am Secretary of State **DOCUMENT # P98000083101** 1. Entity Name BREAKWATER REAL ESTATE, INC. 04-06-2001 90020 031 \*\*\*158.75 Mailing Address Principal Place of Business 1750 J & C BLVD. UNIT 5 1750 J & C BLVD. UNIT 5 NAPLES FL 34109 NAPLES FL 34109 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 59-3533753 City & State 4. FEI Number City & State Not Applicable \$8.75 Additional -\_Country \_\_ \_Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COX. RICHARD A Street Address (P.O. Box Number is Not Acceptable) 1750 J & C BLVD. UNIT 5 NAPLES FL 34109 Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change Delete TITLE COX, RICHARD A NAME NAME 1750 J&C BLDG UNIT 5 STREET ADDRESS STREET ADDRESS NAPLES FL 34109 CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information supplied with this filling 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:

Piched AG RICHARD OF SIGNING

Richard A. Cox

4/4/01

941/598-2137

Daytime Phone #