



**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90253 002 ***150.00

44044649

DOCUMENT # **P9900002790**

1. Entity Name

Breath EZZZ INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
277 AZALEA DR.

Suite, Apt. #, etc.
P.O. Box 844

City & State
Destin FL

City & State
Mary Esther FL

4. FEI Number
59-3555443

Applied For
Not Applicable

Zip
32541

Country

Zip
32569-0844

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

William Lewis

27 April 2004

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
Lewis William
PO Box 844
Mary Esther FL 32569-0844**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**St
Cunningham, Lori
PO Box 844
Mary Esther FL 32569-0844**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**BENJAMIN, Gabriel
PO Box 844
Mary Esther FL 32569-0844**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

William Lewis

27 April 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy, Phone #

CR2E034B (12/02)