

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037052

1. Entity Name

SEABREEZE LAWN CARE, INC.

Principal Place of Business

917 LOYALTY AVE.
MARCO FL 34145

Mailing Address

917 LOYALTY AVE.
MARCO FL 34146-1035

2. Principal Place of Business

201 Beachcomber St.

3. Mailing Address

P O Box 1035

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

marco island, FL

City & State

marco island, FL

4. FEI Number

59-3574 883

Applied For

Not Applicable

Zip

34145

Country

USA

Zip

34146-1035

Country

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICE, SARAH
917 LOYALTY AVE.
MARCO FL 34145

Name Sarah Rice

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

City marco island

FL

Zip Code 34145

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

Sarah Rice

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME RICE, JOHN D
STREET ADDRESS 917 LOYALTY AVE.
CITY-ST-ZIP MARCO FL 34145

TITLE P ☒ Change ☐ Addition
NAME Rice, John D.
STREET ADDRESS 201 Beachcomber St.
CITY-ST-ZIP marco island, FL 34145

TITLE D ☐ Delete
NAME RICE, SARAH
STREET ADDRESS 917 LOYALTY AVE.
CITY-ST-ZIP MARCO FL 34145

TITLE V ☒ Change ☐ Addition
NAME Rice, Sarah
STREET ADDRESS 201 Beachcomber St.
CITY-ST-ZIP marco island, FL 34145

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

Date

941-642-8060

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE