

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90189 043 ***150.00

DOCUMENT # P99000078144

1. Entity Name

SEABREEZE ASSOCIATES OF TAMPA, INC.



Principal Place of Business
3202 NORTH HOWARD AVENUE
TAMPA FL 33607

Mailing Address
3202 NORTH HOWARD AVENUE
TAMPA FL 33607



Principal Place of Business
c/o PO Box 47015

3. Mailing Address
SAME

Suite, Apt. #, etc.
TAMPA

Suite, Apt. #, etc.

City & State
FL

City & State

Zip
33647

Country

Zip

Country

4. FEI Number 59-3595624

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MOONEY, MARK F
1211 FLETCHER AVE.
TAMPA FL 33612

7. Name and Address of New Registered Agent

Name ~~WESTOFF, WAYNE~~
Street Address (P.O. Box Number is Not Acceptable)
~~PO BOX 47015~~
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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME WESTOFF, WAYNE
STREET ADDRESS PO BOX 47015
CITY-ST-ZIP ZEPHYRILLS FL 33543 TAMPA FL 33647

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P
NAME GIBLIN, JOHN G
STREET ADDRESS P.O. BOX 202105 WEST END Ave
CITY-ST-ZIP TAMPA FL 33685 Binghamton NY 13901

TITLE
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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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03
Date

Daytime Phone #

CR2E034 (10/02)