

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084175

1. Entity Name

SEABREEZE ADVANCED TECHNOLOGIES, INC.

FILED

May 05, 2000 8:00 am  
Secretary of State

05-05-2000 90012 031 \*\*\*150.00

Principal Place of Business

Mailing Address

12701 POLLY PLACE  
TAMPA FL 33625

12701 POLLY PLACE  
TAMPA FL 33625-3973

2. Principal Place of Business

3. Mailing Address

11186 SPRING HILL DR. #231  
Suite, Apt. #, etc.

11186 SPRING HILL DR. #231  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

SPRING HILL FL

SPRING HILL FL

Zip

Country

34609

HERNANDO

Zip

Country

34609

HERNANDO

4. FEI Number

59-3612235

Applied For

Not Applicable

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

HOPEN, ANTON J ESQ.  
SMITH & HOPEN, P.A.  
15950 BAY VISTA DRIVE SUITE 220  
CLEARWATER FL 33760

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
OVERKAMP, SCOTT T  
10244 HOOVER STREET  
SPRING HILL FL 34608

☐ Delete

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

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☐ Change ☐ Addition

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

Date

Daytime Phone #

4-25-00 352-683-4341

CR2E034 (9/99)