

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90088 026 \*\*\*150.00

**DOCUMENT # P99000084175**

1. Entity Name

**SEABREEZE ADVANCED TECHNOLOGIES, INC.**

Principal Place of Business

**11186 SPRING HILL DR. #231  
 SPRING HILL FL 34609**

Mailing Address

**11186 SPRING HILL DR. #231  
 SPRING HILL FL 34609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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, 2002 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 **OVERKAMP, SCOTT T**  
 STREET ADDRESS **10244 HOOVER STREET**  
 CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE **Treasurer** ☒ Change ☐ Addition  
 NAME **Overkamp Scott T**  
 STREET ADDRESS **10244 Hoover St**  
 CITY-ST-ZIP **Spring Hill, FL 34608**

TITLE **P** ☐ Delete  
 NAME **OVERKAMP, DEANNA**  
 STREET ADDRESS **10244 HOOVER STREET**  
 CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE **Secretary** ☒ Change ☐ Addition  
 NAME **Overkamp Deanna**  
 STREET ADDRESS **10244 Hoover St**  
 CITY-ST-ZIP **Spring Hill, FL 34608**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **President** ☐ Change ☒ Addition  
 NAME **Overkamp Brandel**  
 STREET ADDRESS **10244 Hoover St**  
 CITY-ST-ZIP **Spring Hill FL 34608**

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  
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 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: **Deanna Overkamp**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)