

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90046 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

90015025



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**

☐ CHECK HERE IF MAKING CHANGES

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

S ☐ Delete
OVERKAMP, DEANNA
STREET ADDRESS 10244 HOOVER STREET
CITY-ST-ZIP SPRING HILL FL 34608

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

P ☐ Delete
OVERKAMP, BRANDEL
STREET ADDRESS 10244 HOOVER ST
CITY-ST-ZIP SPRING HILL FL 34608

☐ Change ☐ Addition
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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:

Deanna Overkamp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-03/3525925078
Date Daytime Phone #

CR2E034 (10/02)