

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
 04-19-2001 90070 044 ***150.00

DOCUMENT # P99000090356

1. Entity Name
SUMMER BREEZE VENTURE, INC.

Principal Place of Business

**3109 CAMBRIA COURT
 ORLANDO FL 32825**

Mailing Address

**3109 CAMBRIA COURT
 ORLANDO FL 32825**

2. Principal Place of Business

1247 Orange St

Suite, Apt. #, etc.

3. Mailing Address

1247 Orange St.

Suite, Apt. #, etc.

City & State

Apopka, Fla.

City & State

Apopka, Fla.

4. FEI Number **59-3624219**

Applied For

Not Applicable

Zip

32703

Country

Orange

Zip

32703

Country

Orange

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

ODOM, JOHN

**3109 CAMBRIA COURT
 ORLANDO FL 32825**

Name

John A. Odom

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

1247 Orange St.

City

Apopka

FL

Zip Code

32703

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, 2001 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 **P** ☐ Delete
 NAME **ODOM, JOHN**
 STREET ADDRESS **3109 CAMBRIA CT**
 CITY-ST-ZIP **ORLANDO FL 32825**

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

TITLE **ST** ☒ Delete
 NAME **ODOM, GINNI A**
 STREET ADDRESS **3109 CAMBRIA CT**
 CITY-ST-ZIP **ORLANDO FL 32825**

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

TITLE **D** ☒ Delete
 NAME **MCFEETERS, MICHAEL P**
 STREET ADDRESS **3109 CAMBRIA CT**
 CITY-ST-ZIP **ORLANDO FL 32825**

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
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TITLE ☐ Delete
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 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:

John A. Odom
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-01

Date

321-356-6189

Daytime Phone #

CR2E034 (10/00)