

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90468 033 \*\*\*158.75

**DOCUMENT # V02380**

1. Entity Name

**SEABREEZE BY THE BAY, INC.**



Principal Place of Business

**3409 CAUSEWAY BLVD.  
TAMPA FL 33619**

Mailing Address

**7101 49TH AVE SO  
TAMPA FL 33619**

2. Principal Place of Business

3. Mailing Address

**4908 Palm Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Tampa**

Zip

Country

Zip

Country

**33619**

**USA**

4. FEI Number

**59-3103032**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**RICHARDS, ROBERT S**

**7101 49TH AVE SO**

**TAMPA FL 33619**

7. Name and Address of New Registered Agent

Name

**Richards, Donna**

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

**4908 Palm Dr**

City

**Tampa**

**FL**

Zip Code

**33619**

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

**Donna Richards**

**2/26/03**

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  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME

**D  
RICHARDS, HELEN C.  
7101 49TH AVE S  
TAMPA FL**

☒ Delete

TITLE  
NAME

**VP  
RICHARDS, JAMES S.  
7111 49TH AVE S  
TAMPA FL**

☒ Delete

TITLE  
NAME

**CEO  
RICHARDS, ROBERT S  
7109 49TH AVE S  
TAMPA FL 33619**

☐ Delete

TITLE  
NAME

☐ Delete

TITLE  
NAME

☐ Delete

TITLE  
NAME

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TITLE  
NAME

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TITLE  
NAME

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME

**DO NOT delete  
marked in error**

☒ Change

☐ Addition

TITLE  
NAME

**Richards, DANNY T.  
4908 Palm Dr  
Tampa FL 33619**

☐ Change

☒ Addition

TITLE  
NAME

**VP  
Richards, DONNA-R  
4908 Palm Dr  
Tampa, FL 33619**

☐ Change

☒ Addition

TITLE  
NAME

**D  
Richards, Robert S.  
7101 49th Ave SO  
Tampa, FL 33619**

☒ Change

☐ Addition

TITLE  
NAME

☐ Change

☐ Addition

TITLE  
NAME

☐ Change

☐ Addition

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:

**DANNY T. RICHARDS**

**2/26/03**

**813-626-5849**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)