2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
03 OCT -2 PM 1:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 03

DOCUMENT # V55372

1. Entity Name
SEABREEZE FARMS INC.

Principal Place of Business	Mailing Address
505 OLD MIMS ROAD GENEVA FL 32732 US	P. O. BOX 622049 OVIEDO FL 32762-2049

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	Seabreeze Farms
Suite, Apt. #, etc.	Suite, Apt. #, etc. 505 Old Mims Road
City & State	City & State Geneva FL 32732
Zip / Country	Zip 32732 / Country Seminole

4. FEI Number 59-3145432 ☐ 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
DEUTSCH, PAUL M 1750 W. BROADWAY STREET SUITE 106 OYEIDO FL 32765	Name: Wendy Ritter Street Address (P.O. Box Number is Not Acceptable): 1038 Kelly Creek Circle City: Oviedo, FL 32765 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 X Wendy E Ritter — 9/12/03 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ERNST, JENNIFER 505 OLD MINS RD. GENEVA FL 32732 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200023509552 10/02/03--01020--020 **750.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RITTER, WENDY 1038 KELLY CREEK CIR. OVIEDO FL 32765 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: X SIGNATURE REQUIRED Wendy Ritter — 9/12/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #