## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** Jan 26, 2001 8:00 am Secretary of State DOCUMENT # 592819 BRENNAN BODY WORKS, INC. 01-26-2001 90077 020 \*\*\*150.00 Principal Place of Business Mailing Address 4198 MERCY INDUSTRIAL COURT 4198 MERCY INDUSTRIAL COURT ORLANDO FL 32808 ORLANDO FL 32808 CUTUDE 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1867109 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired · Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRENNAN, DANIEL J Street Address (P.O. Box Number is Not Acceptable) 1931 WINTER PARK RD. WINTER PARK FL 32789 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition □ Delete TITLE Change NAME Brennan, Daniel J. NAME STREET ADDRESS 1931 WINTER PARK RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL TITLE ☐ Delete TITLE Change ☐ Addition NAME BEATTY, MARY SUSAN NAME STREET ADDRESS 626 VANDENBERG ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL TITLE ☐ Defete TITLE Change ☐ Addition NAME BRENNAN, PATRICIA R. STREET ADDRESS **626 VANDERBERG STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL ☐ Delete TITI È Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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.

DANIEL TBRENDAN PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR