

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 29, 2002 8:00 am  
Secretary of State

04-29-2002 90153 011 \*\*\*150.00

DOCUMENT # L20252

1. Entity Name  
BEHRENWALD ENTERPRISES, INC.

Principal Place of Business  
% STEVEN S. BEHRENWALD  
I-75 & U.S. 441 PO BOX 3655  
LAKE CITY FL 32056-3655

Mailing Address  
% STEVEN S. BEHRENWALD  
I-75 & U.S. 441 PO BOX 3655  
LAKE CITY FL 32056-3655



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2981536

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BEHRENWALD, STEVEN S.  
I-75 AND U.S. 441  
LAKE CITY FL FL

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.

SIGNATURE *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-02

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, 2002 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:  Delete  
NAME: D BEHRENWALD, STEVEN S.  
STREET ADDRESS: I-75 AND US 441, BOX 365  
CITY-ST-ZIP: LAKE CITY FL

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

TITLE:  Delete  
NAME: S BEHRENWALD, DEBRA E  
STREET ADDRESS: P O BOX 3655/PEACOCK RD  
CITY-ST-ZIP: LAKE CITY FL 32056

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  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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  
NAME:  
STREET ADDRESS:  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02

Date

386-725-8838

Daytime Phone #

CR2E034 (9/01)

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