

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2003 8:00 am
Secretary of State

0120263 AT

07-17-2003 90032 025 ***550.00

DOCUMENT # L20252

1. Entity Name
BEHRENWALD ENTERPRISES, INC.



Principal Place of Business
**% STEVEN S. BEHRENWALD
1-75 & U.S. 441 PO BOX 3655
LAKE CITY FL 32056-3655**

Mailing Address
**% STEVEN S. BEHRENWALD
1-75 & U.S. 441 PO BOX 3655
LAKE CITY FL 32056-3655**



2. Principal Place of Business
4490 U.S. HWY 90 WEST
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 3655
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
LAKE CITY, FL
Zip
32055

Country

City & State
LAKE CITY, FL
Zip
32056

Country

4. FEI Number **59-2981536**

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

**BEHRENWALD, STEVEN S.
1-75 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-14-03
DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	BEHRENWALD, STEVEN S.	
STREET ADDRESS	1-75 AND US 441, BOX 365	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BEHRENWALD, DEBRA E	
STREET ADDRESS	P O BOX 3655/PEACOCK RD	
CITY-ST-ZIP	LAKE CITY FL 32056	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-03 Date
386-755-8838 Daytime Phone #

CR2E034 (4/03)