

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-03-2002 90047 009 ***150.00

DOCUMENT # P92000013395
 1. Entity Name
THE BRERETON COMPANY

Principal Place of Business
P.O. BOX 10248
NAPLES FL 33941

Mailing Address
5811 PELICAN BAY BLVD., STE 203
NAPLES FL 34108



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5811 Pelican Bay Blvd.

3. Mailing Address
STE 203

Suite, Apt., etc.
STE 203

City & State
NAPLES

City & State
NAPLES

Zip
FL Country
Collier Zip
34108 Country
USA

4. FEI Number **65-0373302** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BRERETON, BARBARA A
5811 PELICAN BAY BLVD, #612-203
STE 203
NAPLES FL 33941 **34108**

7. Name and Address of New Registered Agent
 Name
William R. Brereton
 Street Address (P.O. Box Number is Not Accepted)
5811 Pelican Bay Blvd STE 203
 City
Naples FL 34108 FL Zip Code
34108

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 *William R. Brereton* (NOTE: Registered Agent signature required when reinstating) DATE **4/20/02**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRERETON, WILLIAM R. 5811 PELICAN BAY BLVD # 203 NAPLES FL 33408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRERETON, BARBARA A. 5811 PELICAN BAY BLVD # 203 NAPLES FL 34108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *William R. Brereton* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **4/20/02** Daytime Phone #

CR2E034 (9/01)