


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90050 024 ***150.00

UJ14132 AV

DOCUMENT # P95000008391	
1. Entity Name BEHRENS CORPORATION	

Principal Place of Business 1929 SO. PALMETTO AVENUE SOUTH DAYTONA FL 32119	Mailing Address 1929 SO. PALMETTO AVENUE SOUTH DAYTONA FL 32119
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30008447



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State	City & State	4. FEI Number 59-3306494	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BEHRENS, HENRY
1929 SO. PALMETTO AVENUE
SOUTH DAYTONA FL 32119

7. Name and Address of New Registered Agent

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

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

TITLE	D <input type="checkbox"/> Delete
NAME	BEHRENS, HENRY
STREET ADDRESS	1929 SO. PALMETTO AVENUE
CITY-ST-ZIP	SOUTH DAYTONA FL 32119
TITLE	D <input type="checkbox"/> Delete
NAME	BEHRENS, ELIZABETH
STREET ADDRESS	1929 SO. PALMETTO AVENUE
CITY-ST-ZIP	SOUTH DAYTONA FL 32119
TITLE	D <input type="checkbox"/> Delete
NAME	BEHRENS, SHAWN P
STREET ADDRESS	1929 SO. PALMETTO AVENUE
CITY-ST-ZIP	SOUTH DAYTONA FL 32119
TITLE	D <input type="checkbox"/> Delete
NAME	BEHRENS, KEVIN H
STREET ADDRESS	2341 BRIAN AVENUE
CITY-ST-ZIP	SOUTH DAYTONA FL 32119
TITLE	D <input type="checkbox"/> Delete
NAME	BEHRENS, MARY E
STREET ADDRESS	1929 SO. PALMETTO AVENUE
CITY-ST-ZIP	SOUTH DAYTONA FL 32119
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Henry G. Behrens Date: 17, 2003 Daytime Phone #: 386 767 5690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR