2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 515913

1. Entity Name

THE BREDER CORPORATION



FILED Feb 07, 2003 8:00 am Secretary of State

02-07-2003 90053 037 ***150.00

811 MEADOWLAND DR. %:				Mailing Address % 811 E. MEADOWLAND DRIVE NAPLES FL 34108 US									
2. Principal Place of Business 3. M				Mailing Address									
Suite, Apt. #, etc. Su				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City	City & State			4. FI	59-1700179	00179 Applied			7	
Zip	Zip Country		Zip		Country		5. Certificate of Status Desired			8.75 A	.75 Additional Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent							
Breder, Robert						Name .							
				Str			eet Address (P.O. Box Number is Not Acceptable)						
811 MEADOWLAND DRIVE., #E::: NAPLES FL 34108												1	
						City		·		Zip Co	do	-	
						-	FL						
8. The above	e named entity submitions of registered ag	its this statement for	the purpo	ose of changing its re	gistered	office or re	egistered age	nt, or both, in the State of Flori	da. I am far	niliar with	, and accept		
(ile obligat	,	gent.										1	
SIGNATURE .	Signature, typed or printed	name of registered agent a	nd title if appli	cable. (NOTE: F	Registered Aç	gent signature	required when rein	stating)	DATE				
F	ILE NOW!!! FEE	IS \$150.00	1					r <u>-</u>				1	
After May 1, 2003 Fee will be \$550.00							Ì	9. Election Campaign Financing \$5.00 May Be					
Make Check Payable to Florida Department of State								Trust Fund Contribution.		Adde	d to Fees		
10.		OFFICERS AND I	DIRECTOR	RS	11.		ADD	ITIONS/CHANGES TO OFFIC	ERS AND D	IRECTO	RS IN 11	1	
TITLE	P Delete		TITLE					☐ Change	Addition	8			
NAME	BREDER, RICHARD F SR.			NAM							-	0	
STREET ADDRESS					STREET A	DDRESS						4	
CITY-ST-ZIP	NAPLES FL 34108			CITY-ST-	- ZIP						8		
TITLE				☐ Delete	TITLE					☐ Change	Addition	CR2E034 (10/02)	
NAME			NAME		ľ				Ü	_	10		
STREET ADDRESS					STREET ADDRESS							1	
CITY-ST-ZIP				CITY		ZIP							
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NAME					NAME	}			_	•		ĺ	
STREET ADDRESS					STREET A	DORESS							
CITY-ST-ZIP					CITY-ST-	7IP						1	

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.

TITLE

NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

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STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

SIGNATURE AND TYPED OR THE NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

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On time Discount

☐ Change

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Change

Addition

☐ Addition

Addition