FILED

561-562-0555

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

Jan 29, 2001 8:00 am Secretary of State **DOCUMENT # 523074** 1. Entity Name BREWER INTERNATIONAL, INCORPORATED 01-29-2001 90145 034 ***150.00 Principal Place of Business Mailing Address 605-90TH AVE. 605-90TH AVE. P O BOX 6006 P O BOX 6006 VERO BCH FL 32961-3006 VERO BCH FL 32961-3006 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1719959 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAMMOND & SMITH, P.A. Street Address (P.O. Box Number is Not Acceptable) **1405 21ST STREET** VERO BEACH FL 32960 Zip Code City 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE Change BREWER, JAMES NAME NAME STREET ADDRESS **4145 60TH COURT** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BCH, FL 00000 TITLE ☐ Delete ☐ Change ☐ Addition TITLE BREWER, STEPHEN NAME NAME STREET ADDRESS STREET ADDRESS 185 32ND CT SW CITY-ST-ZIP CITY-ST-ZIP VERO BCH, FL 00000 TITLE ☐ Addition TITLE Change ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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