

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90184 050 \*\*\*150.00

**DOCUMENT # 590988**

1. Entity Name

**BOBBY BREEN ENTERPRISE INC.**

Principal Place of Business

8851 W. MCNAB RD  
 TAMARAC FL 33321  
 US

Mailing Address

8851 W. MCNAB RD  
 TAMARAC FL 33321  
 US

2. Principal Place of Business

8851 W. MCNAB RD

3. Mailing Address

8851 W. MCNAB RD

Suite, Apt. #, etc.

TAMARAC

Suite, Apt. #, etc.

TAMARAC

City & State

Florida

City & State

Fla

Zip

33321

Country

BROWARD

Zip

33321

Country

BROWARD

4. FEI Number

59-1898193

☒ 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

BREEN, AUDRE  
 8851 W. MCNAB RD  
 TAMARAC FL 33321

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
 NAME BREEN, BOBBY  
 STREET ADDRESS 8851 W. MCNAB RD  
 CITY-ST-ZIP TAMARAC FL 33321

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE T ☐ Delete  
 NAME BREEN, ANDRE  
 STREET ADDRESS 8851 W. MCNAB RD  
 CITY-ST-ZIP TAMARAC FL 33321

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE S ☐ Delete  
 NAME HOWARD, JACKIE  
 STREET ADDRESS 8851 W. MCNAB RD  
 CITY-ST-ZIP TAMARAC FL 33321

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE V ☐ Delete  
 NAME HOWARD, RONNIE  
 STREET ADDRESS 8851 W. MCNAB RD  
 CITY-ST-ZIP TAMARAC FL 33321

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *Audre Breen* AUDRE BREEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/2001

954-726-7001

CR2E034 (10/00)