

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State
 05-02-2000 90140 009 ***150.00

DOCUMENT # 834650

1. Entity Name

BREUER ELECTRIC MFG. CO.

Principal Place of Business

7401 WEST LAAWRENCE
 CHICAGO IL 60656-60706

Mailing Address

7401 WEST LAAWRENCE
 CHICAGO IL 60706-3411

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-0837480

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

TOWNSON, WILLIAM
4478 PRO AM AVE EAST
BRADENTON FL 34203

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, 2000 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 **PD** ☒ Delete
 NAME **BREUER, LINDA**
 STREET ADDRESS **7401 W. LAWRENCE**
 CITY-ST-ZIP **CHICAGO IL**

TITLE **PD** ☐ Change ☒ Addition
 NAME **MIKE SCHAFER**
 STREET ADDRESS **7401 W. LAWRENCE AVE**
 CITY-ST-ZIP **CHGO, IL**

TITLE **VD** ☐ Delete
 NAME **CIRONE, GARY V.**
 STREET ADDRESS **7401 W. LAWRENCE**
 CITY-ST-ZIP **CHICAGO IL**

TITLE **VP** ☐ Change ☒ Addition
 NAME **TOM BOGDANOVIC**
 STREET ADDRESS **7401 W. LAWRENCE AVE**
 CITY-ST-ZIP **CHGO, IL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GARY V. CIRONE

1/10/00 708-367-5100