

UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91562 006 ***150.00

DOCUMENT # F01000001391

1. Entity Name
 Breen Capital Services Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 3065 Forest Hill Blvd.

3. Mailing Address
 3065 Forest Hill Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 West Palm Beach

City & State
 West Palm Beach

4. FEI Number
 223243784

Applied For
 Not Applicable

Zip
 33406

Country
 USA

Zip
 33406

Country
 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

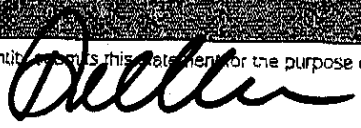
Name
 Tribuiani, Diaz

Street Address (P.O. Box Number is Not Acceptable)

3065 Forest Hill Blvd.

City
 West Palm Beach FL Zip Code
 33406

8. The above named entity is this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  (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)

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 President
 Williams, Donald E.
 101 Farnsworth Ave.

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 Bordentown, NJ 08505

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 Vice President
 Silcox, Robert C.
 101 Farnsworth Ave.

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 Bordentown, NJ 08505

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 Secretary/Treasurer
 Breen, J. Douglas
 101 Farnsworth Ave.

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 Bordentown, NJ 08505

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with another like empowered.

SIGNATURE:  DONALD E. WILLIAMS 4-15-02 609-298-6575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #