

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000250

1. Entity Name

BRO WRECKERS, INC.

Principal Place of Business

Mailing Address

UNIT #3
7275 WEALTH DRIVE
MELBOURNE FL 32940

UNIT #3
7275 WEALTH DRIVE
MELBOURNE FL 32940

2. Principal Place of Business

7962 Old Tramway Dr
Suite, Apt. #, etc.

3. Mailing Address

7962 Old Tramway Dr
Suite, Apt. #, etc.

City & State
MELBOURNE FL

City & State
MELBOURNE FL

4. FEI Number 62-1481357

Applied For
Not Applicable

Zip 32940 Country BREVARD

Zip 32940 Country BREVARD

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

OGREN, HANS
7962 OLD TRAMWAY DRIVE
MELBOURNE FL 32940

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

(NOTE: Registered Agent signature required when reinstating)

1/5/01
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 PC
NAME OGREN, HANS
STREET ADDRESS 7962 OLD TRAMWAY DRIVE
CITY-ST-ZIP MELBOURNE FL 32940 ☐ Delete

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

TITLE S
NAME OGREN, ASE
STREET ADDRESS 7962 OLD TRAMWAY DRIVE
CITY-ST-ZIP MELBOURNE FL 32940 ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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

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]

HANS OGREN 1/5/01

321 254-0570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0062372

CR2E034 (10/00)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90011 006 ***150.00



DO NOT WRITE IN THIS SPACE