

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
 05-24-2002 91263 041 ***150.00

DOCUMENT # J14875

1. Entity Name
BRENNAN SALES, INC.

Principal Place of Business

Mailing Address

~~235 N 9TH AVE~~
~~JACKSONVILLE BEACH FL 32250~~

~~235 N 9TH AVE~~
~~JACKSONVILLE BEACH FL 32250~~

Please change!

2. Principal Place of Business

3. Mailing Address

8132 Seven Mile Dr
 Suite, Apt. #, etc.

P.O. Box 1366
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Ponte Vedra Beach, FL

Ponte Vedra Beach, FL

Zip

Country

Zip

Country

32082

USA

32004

USA

4. FEI Number **59-2727087**

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

BRENNAN, JAMES J.
235 N. 9TH AVE.
JACKSONVILLE BCH. FL 32240

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRENNAN, JAMES J.	
STREET ADDRESS	235 NORTH 9TH AVE	
CITY-ST-ZIP	JACKSONVILLE BCH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BRENNAN, JAMES J.	
STREET ADDRESS	235 NORTH 9TH AVE	
CITY-ST-ZIP	JACKSONVILLE BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8132 Seven Mile Dr.	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8132 Seven Mile Dr.	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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:

James Brennan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/02