FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90242 040 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K68907

1. Entity Name
BRER FOX OF DUNEDIN, INC.

11017061

Principal Place of Business	Mailing Address
1122 9TH AVENUE N. SAINT PETERSBURG, FL 33702 US	1122 9TH AVENUE N. SAINT PETERSBURG, FL 33702 US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1700 S. MacDill Ave	1700 S. MacDill Ave
Suite, Apt. #, etc.: 260	Suite, Apt. #, etc.: 260
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33629 Country: USA	Zip: 33624 Country: USA

4. FEI Number 59-2934670 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
GARCIA, MARTIN L
1122 94TH AVENUE N
SAINT PETERSBURG, FL 33702

7. Name and Address of New Registered Agent
Name: Manuel Garcia
Street Address (P.O. Box Number Is Not Acceptable): 1700 South MacDill Ave Suite 260
City: Tampa, FL FL Zip Code 33624

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DVP	☐ Delete	TITLE	DPVPST	☑ Change ☐ Addition
NAME	GARCIA, MANUEL		NAME	manuel Garcia	
STREET ADDRESS	4933 NEW PROVIDENCE		STREET ADDRESS	1122 94th Avenue	
CITY-ST-ZIP	TAMPA, FL		CITY-ST-ZIP	St. Petersburg, FL 33702	
TITLE	DPST	☑ Delete	TITLE		☐ Change ☐ Addition
NAME	GARCIA, MARSHALL		NAME		
STREET ADDRESS	102-10TH STREET E		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/22/03 (727-217-0302)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #