

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90032 048 ***150.00

DOCUMENT #

M98046

1. Entity Name

BRT Enterprises, Inc.



DO NOT WRITE IN THIS SPACE

94031653

2. Principal Place of Business

c/o John Thielking

3. Mailing Address

c/o John Thielking

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1405 S E 31st Terrace

1405 S E 31st Terrace

City & State

City & State

Cape Coral, FL

Cape Coral, FL

Zip

Country

Zip

Country

33904

Lee

33904

Lee

4. FEI Number

42-1295665

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

c/o John Thielking

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

1405 S E 31st Terrace

City

Cape Coral

FL

Zip Code

33904

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thielking, Paul M 7212 Twana Drive Des Moines, Ia 50322	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thielking, Amin 2301 Hillside W Des Moines, Ia 50265	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Thielking 1405 S E 31st Terrace Cape Coral, FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

John W. Thielking
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John W. Thielking

3-12-04

Date

239 851-8132

Daytime Phone #

CR2E034B (12/02)