FOR PROFIT CORPORATION 3)

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

03-18-2004	90032	048	***1	50.0
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UNIFORM	BUSINESS	REPORT	(UBF

DOCUMENT	#
1. Entity Name	

M98046

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BRT En	terprises, Inc.						
	OO NOT WRIT	TE IN THIS S	PACE			9403165	i3
2. Principal Pla	ace of Business	3. Mailing Address	··· ··· · · · · · · · · · · · · · · ·		+		
c/a Johr	Thielking	c/o͡?John_Thie	าไล่หลวงข				
Suite, Apt. #		Suite Apt. #. etc. 1405 S E 31st	T		1	DO NOT WRITE IN THIS S	PACE
	E 31st Terrace		lerrace				
City & State		City & State			4. FE	l Number	Applied For
Cape Com		Cape Coral, Fl				42-1295665	Not Applicable
Zip	Country	Zip	Country	<i>'</i>	5. C∈	ertificate of Status Desired	8.75 Additional
33904	Lee	33904		Lee	7 Nam	e and Address of Current Registered	
				Name	7. 146111	e and Address of Current Registered	Agent
Server Henry Server Recorded	DO_NOT	MOITE				Thielking	
Personal Control (Personal Control Con		WIND II		Street Address ((P.O. Box	(Number is Not Acceptable)	
And the second	IN THIS S	SPACE		14k <u>D</u> S	. E 31	st Terrace	
		eli in a di a		City Cape Cor	al	FL	Zip Code 33904
	named entity submits this stateme ons of registered agent.	nt for the purpose of changing it	ts registered	office or register	red ager	nt, or both, in the State of Florida. I am fa	miliar with, and accept
SIGNATURE _	Signature, typed or printed name of registered a	gent and title if applicable. (NC	OTE: Registered A	gent signature required	d when reins	stating) DATE	
,	uary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Departmer		-			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS A	AND DIRECTORS				*	
TITLE	D		TITLE			*	9
NAME	Thielking, Paul M		NAME				
STREET ADDRESS	7212 Twana Drive			ADDRESS			Ę
CITY-ST-ZIP	Des Moines, Ia 5032	2	CITY-SI	1-7IP		<u> </u>	
TITLE	D		TITLE	1			3
NAME STREET ADDRESS	Thielking, Aimin		NAME	*DDDDDD		A STATE OF THE STA	, ,
CITY-ST-ZIP	2301 Hillside		CITY-ST	ADDRESS			
	₩ Des Moines, Ia 5	0265		1-21			
TITLE NAME	υ 		TITLE			*	,
STREET ADDRESS	John Thielking'		1	ADDRESS			
CITY-ST-ZIP	1405 S E 31st Terrace		CITY-SI	1		DO NOT WRIT	E
TITLE	Cape Coral, Fl 3390		TITLE			INITIUS COAC	
NAME			NAME			IN THIS SPAC	,E
STREET ADDRESS			STREET	adoress			
CITY-ST-ZIP		_	City-st	T-ZIP			
TITLE			TITLE			*	
NAME		•	NAME				1
STREET ADORESS				ADDRESS			5 8 9 9
CITY-ST-ZIP			CITY-ST	H-ZIP			
TITLE			TITLE				
NAMÉ ' STREET ADDRESS			NAME	Annacce			* 1
CITY-ST-ZIP			CITY-ST	ADDRESS 1-7IP			1
L	ertify that the information supplied	with this filing does not qualify f		<u> </u>	oction 11	2 07(3)(i) Florida Statutas I further certi	fy that the information

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.

|--|

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

3-12-04

239 851-8132

Daytime Phone #