2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P00000011243

1. Entity Name



FILED Apr 04, 2003 8:00 am § Secretary of State

B & R VENTURES, INC.							01012003	20130	030 13	0.00	
Principal Place of Business 1068 NORTHEAST 71 LANE OCALA FL 34479			Mailing Address POST OFFICE BOX 4072 BELLEVIEW FL 34421				1 (884)881 (11 881)1 881(1 881)1 881	1 6 8 111 6 6 7	RI 41880 11818 418)	1 11101 kili k as i	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4 . F	50-3621180			Applied For Vot Applicable	
Zip		Country	Zip	Cour	ntry	5. 0	Certificate of Status Desired		\$8.75 Ac Fee Requir		
	and Address of Current		7. N	lame and Address of New Re	gistere	d Agent] .			
		Name , ,		<u> </u>	+						
SPIEGEL & UTRERA, P.A.					Street Address (P.O. Box Number is Not Acceptable)						
343 ALMERIA AVENUE					Street Address	(P.O. Bo	ox Number is Not Acceptable) - A/E - 7/24 - LAW-	P			
CORAL G					100 1124 11				1		
OURAL G	MDLEO LE O	0104					, ,				4
			•		City Oc	416	g ~ ()	F	L Zip Co	de VV76	
8. The above	named entity	supposite this spatement for	or the purpose of changing its	s register	ed office or registe	ered age	ent, or both, in the State of Flor	rida. Lag			1
	tions of registe				_	_		11	_		
Mended Jam							6.	4.	2.0	ک	
SIGNATURE .	Signature, typed	or printed name of registered agent	and the if applicable. (NO	TE: Registere	ed Agent signature require	ed when rei	instating)	DATE			
		- FEE 10 0450 00	- / 								1
	ILE NOW!! or May 1, 200	! PEE IS \$150.00 3 Fee will be \$550.00	> '				Election Campaign Final			00 May Be	
		Florida Department o				ĺ	Trust Fund Contribution	١.	☐ Adde	ed to Fees	
10.		OFFICERS AND		11.		AD	DITIONS/CHANGES TO OFFI	CERS AI	ND DIRECTO	RS IN 11	┨
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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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP