

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90076 039 ***150.00

0371723 AV

DOCUMENT # P00000067868

1. Entity Name
BREEN TAXACQ, INC.

Principal Place of Business
3200 N. FEDERAL HWT STE 128
BOCA RATON FL 33431

Mailing Address
3200 N. FEDERAL HWT STE 128
BOCA RATON FL 33431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2220 N. DIXIE HWY
 Suite, Apt. #, etc.

3. Mailing Address
2220 N. DIXIE HWY
 Suite, Apt. #, etc.

City & State
BOCA RATON, FL
Zip
33431
Country
USA

City & State
BOCA RATON, FL
Zip
33431
Country
USA

4. FEI Number **65-1034414**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, TIMOTHY K ESQ
631 U.S. HIGHWAY ONE STE 404
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name **ROBERT D AEBERSOLD**
Street Address (P.O. Box Number is Not Acceptable)
2220 N. DIXIE HWY
City **BOCA RATON** **FL** **Zip Code** **33431**

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 *Robert D Aebersold* **Robert D Aebersold** **1-21-2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **GARSHELL, STEVE**
STREET ADDRESS **3200 N. FEDERAL HWT STE 128**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **VD** ☐ Delete
NAME **SPRIGGS, DEIN P**
STREET ADDRESS **12265 169TH COURT NORTH**
CITY-ST-ZIP **JUPITER FL 33478**

TITLE **STD** ☐ Delete
NAME **ALBERSOLD, ROBERT D**
STREET ADDRESS **3087 N.E. 7TH DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2220 N DIXIE HWY**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Robert D Aebersold* **Robert D Aebersold, SEC.** **1-21-2002** **561 391-5057**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)