

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90183 030 ***150.00

DOCUMENT # P00000105570

1. Entity Name

BREWER CONSTRUCTION OF FLORIDA, INC.

Principal Place of Business

3021 SE 33RD DR
OKEECHOBEE FL 34974

Mailing Address

3021 SE 33RD DR
OKEECHOBEE FL 34974

2. Principal Place of Business

3021 SE 33 DRIVE
Suite, Apt. #, etc.

3. Mailing Address

3021 SE 33 DRIVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

OKEECHOBEE, FL

City & State

OKEECHOBEE, FL

4. FEI Number

165-1054322

Applied For

Not Applicable

Zip

34974

Country

OKEECHOBEE

Zip

34974

Country

OKEECHOBEE

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BREWER, HENRY J
3021 SE 33RD DR
OKEECHOBEE FL 34974

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/05/01

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BREWER, HENRY J	
STREET ADDRESS	3021 SE 33RD DR	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/05/01 (863) 467-2839
Date Daytime Phone #

CR2E034 (10/00)