## **2001 UNIFORM BUSINESS REPORT (UBR)** Apr 20, 2001 8:00 am Secretary of State DOCUMENT # P00000108172 PHILLIP E. BRENNER CONSTRUCTION, INC. 04-20-2001 90192 049 \*\*\*150.00 Principal Place of Business Mailing Address 4032 SE 28TH STREET 4032 SE 28TH STREET OKEECHOBEE FL 34974 OKEECHOBEE FL 34974 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1068218 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Brenner, Sherri Street Address (P.O. Box Number is Not Acceptable) 4032 SE 28TH STREET **OKEECHOBEE FL 34974** City 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE **PSD** NAME NAME BRENNER, PHILLIP STREET ADDRESS STREET ADDRESS 4032 SE 28TH STREET CITY-ST-7IP CITY-ST-ZIP **OKEECHOBEE FL 34974** ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME Brenner, Sherri STREET ADDRESS STREET ADDRESS 4032 SE 28TH STREET CITY-ST-ZIP CITY-ST-ZIP-**OKEECHOBEE FL 34974** ☐ Addition Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete

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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR