

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90068 002 ***150.00

DOCUMENT # P00000108172

1. Entity Name

PHILLIP E. BRENNER CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

**4032 SE 28TH STREET
 OKEECHOBEE FL 34974**

**4032 SE 28TH STREET
 OKEECHOBEE FL 34974**

2. Principal Place of Business

3. Mailing Address

3104 S.E. 25th St.
 Suite, Apt. #, etc.

3104 S.E. 25th St.
 Suite, Apt. #, etc.

City & State

City & State

Okeechobee, FL.

Okeechobee, FL.

Zip

Country

Zip

Country

34974

Okeechobee

34974

Okeechobee

6. Name and Address of Current Registered Agent

4. FEI Number

65-1068218

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

7. Name and Address of New Registered Agent

**BRENNER, SHERRI
 4032 SE 28TH STREET
 OKEECHOBEE FL 34974**

Name

Brenner, Sherri
 Street Address (P.O. Box Number is Not Acceptable)
3104 SE 25th St.

City

Okeechobee

FL

Zip Code

34974

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

Phillip E. Brenner

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

(NOTE: Registered Agent signature required when reinstating)

4-18-02

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
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input type="checkbox"/> Delete
NAME	BRENNER, PHILLIP	
STREET ADDRESS	4032 SE 28TH STREET	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	BRENNER, SHERRI	
STREET ADDRESS	4032 SE 28TH STREET	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brenner, Phillip	
STREET ADDRESS	3104 SE 25 th St.	
CITY-ST-ZIP	Okeechobee, FL. 34974	
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brenner, Sherri	
STREET ADDRESS	3104 SE 25 th St.	
CITY-ST-ZIP	Okeechobee, FL. 34974	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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:

Phillip E. Brenner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-02

Date

863-763-9329

Daytime Phone #