2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empore

FILED Feb 23, 2001 8:00 am Secretary of State DOCUMENT # P00000110141 BROSIUS CONSTRUCTION, INC. 02-08-2001 90167 010 ***158.75 Principal Place of Business Mailing Address 4105 3RD AVE WEST 4105 3RO AVE WEST PALMETTO FL 34221 PALMETTO FL 34221 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State <u>65-1064574</u> Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BROSIUS, RUSSELL Street Address (P.O. Box Number is Not Acceptable) 4105 3RD AVE WEST PALMETTO FL 34221 Zip Code 8. The above named entity submits this statement for the purpose of changing its edistred office or registered agent, or both, in the State of Florida. 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 "SECTORS 11. 12. MILE PR66106HT ... Detete TILE Russel Beosius NAME NAME 4105.3 PAVE.W. STREET ADORESS STREET ADDRESS PALMETTO, FL. 34 22) CITY-ST-ZIP CITY-ST-7IP YKE PREHOSIN ☐ Change Addition TITLE TIRLE · J Delete NAME りいログム むりしんひら NAME SILK OAK ST. STREET ADDRESS STREET ADDRESS LAKE PLACIF FL. 33582 CITY-ST-ZIP CITY-ST-ZIP ☐ Change **Addition** TITLE ☐ Delete TITLE NAME NAME EN PLEGALIT GROUGET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Celete THE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TILLE NAME STREET ADDRESS 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