

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90773 023 ***150.00

DOCUMENT # P00000117809

1. Entity Name
CAROL A. BRENN, PA



Principal Place of Business
**87200 OVERSEAS HIGHWAY J-4
ISLAMORADA FL 33036**

Mailing Address
**87200 OVERSEAS HIGHWAY J-4
ISLAMORADA FL 33036**

10035678



2. Principal Place of Business

88181 OLD Hwy - H-22
Suite, Apt. #, etc.

3. Mailing Address

88181 OLD Hwy
Suite, Apt. #, etc. **H-22**

☐ CHECK HERE IF MAKING CHANGES

City & State
ISLAMORADA, FL

City & State
ISLAMORADA, FL

4. FEI Number **65-1092293**

Applied For
☐ Not Applicable

Zip **33036** Country **USA**

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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

BRENN, CAROL A

NEW ADDRESS:

**87200 OVERSEAS HIGHWAY J-4
ISLAMORADA FL 33036**

**88181 OLD Hwy
H-22
ISLAM, FL. 33036**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **BRENN, CAROL A**
STREET ADDRESS **87200 OVERSEAS HIGHWAY J-4**
CITY-ST-ZIP **ISLAMORADA FL 33036**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: **Carol A. Brenn**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/03

Date Daytime Phone #

305 393-0935

CR2E034 (10/02)