## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0100065750  1. Entity Name  J. BRENNAN, INC.					Secretary of State 03-06-2002 90070 028 ***150.00		
Principal Place of Business 12001 POPASH GLEN BRADENTON FL 34202		Mailing Address 12001 POPASH GLEN BRADENTON FL 34202					
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 65- [11631]		oplied For ot Applicable
Zip	Country	Zip	Country	5.	Certificate of Status Desired	S8.75 Add	ditional
6. Nar	ne and Address of Current F	Registered Agent		7.	Name and Address of New Re	gistered Agent	
VOIGT, STEPHEN F ESQ. 2042 BEE RIDGE RD. SARASOTA FL 34239				Joseph P. Brennan et Address (P.O. Box Number is Not Acceptable) 12001 Popash Glen			
			City	Bro	adenton	FL   Zip Code	ရီ ကခ
SIGNATURE Signature, typ	eg or printed name of registered agent a	nd title if applicable. (NOTE	Pres	Si de i		da.	
,	ligible to satisfy its Intangible and elects to do so.	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta		550.00	10. Election Campaign Fina Trust Fund Contribution.		May Be to Fees
11.	OFFICERS AND D	DIRECTORS	12.		DDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jose 12001 Brad	dent ph P. Brennan Popash Glen enton, Fl 3420	ر م	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Traci	esident, Treasure Brennan I Popash Glen Jenton, FL 342		<b>⊠</b> Addition
NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
indicated on this rep of the corporation of	oort or supplemental report is	true and accurate and that mi wered to execute this report a	y signature shall l	have the same	n 119.07(3)(i), Florida Statutes. I f e legal effect as if made under oa rida Statutes; and that my name	ath; that I am an officer	or director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/02

756-8230