

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91350 032 \*\*\*150.00

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AV

**DOCUMENT # P01000071805**

1. Entity Name  
**SAN CAYETANO INVESTMENTS, INC.**



Principal Place of Business  
**BREWED AWAKENINGS**  
**1021 #A CAPE CORAL PKWY EAST**  
**CAPE CORAL FL 33904**

Mailing Address  
**BREWED AWAKENINGS**  
**1021 #A CAPE CORAL PKWY EAST**  
**CAPE CORAL FL 33904**



2. Principal Place of Business

3. Mailing Address  
**NADINE FOURNIER-BASZANGER**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**152 S.E. 19TH LANE**

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State  
**CAPE CORAL FL**

4. FEI Number **65-1122549**

Applied For  
Not Applicable

Zip

Country

Zip  
**33990**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BASZANGER-FOURNIER, NADINE**  
**4425 SE 13TH AVE**  
**CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent

Name  
**BASZANGER-FOURNIER NADINE**  
Street Address (P.O. Box Number is Not Acceptable)  
**152 S.E. 19TH LANE**

City **CAPE CORAL** FL Zip Code **33990**

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 **NADINE FOURNIER**  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**04/22/03**  
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

TITLE **D** ☐ Delete  
NAME **FOURNIER NADINE, BASZANGER**  
STREET ADDRESS **4425 SE 13TH AVE**  
CITY-ST-ZIP **CAPE CORAL FL 33904**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
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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 all other like empowered.

SIGNATURE: **NADINE FOURNIER-BASZANGER** **04/22/03** **239 9454244**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)