

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91702 026 \*\*\*550.00

**DOCUMENT # P01000113486**

1. Entity Name  
**KURT FORREST BREWER, P.A.**

Principal Place of Business Mailing Address  
**1020 ELMWOOD STREET, SUITE 7** **1020 ELMWOOD STREET, SUITE 7**  
**ORLANDO FL 3281** **ORLANDO FL 3281**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**301 E. Pine Street** **Same**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Suite 150**  
 City & State City & State  
**Orlando, FL**

4. FEI Number Applied For  
**59-3758118** Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 Zip Country Zip Country  
**32801 USA**

6. Name and Address of Current Registered Agent  
**BREWER, KURT FORREST**  
**1020 ELMWOOD STREET, SUITE 7**  
**ORLANDO FL 3281**

7. Name and Address of New Registered Agent  
 Name **Same**  
 Street Address (P.O. Box Number is Not Acceptable)  
**301 E. Pine St. Suite 150**  
 City **Orlando** **FL** Zip Code **32801**

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 **Kurt Forrest Brewer** DATE **5/7/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Pres., Sec., Director</b>
STREET ADDRESS	<b>Kurt Forrest Brewer</b>
CITY-ST-ZIP	<b>301 E. Pine St. Suite 150</b> <b>Orlando, FL 32801</b>
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	

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: **Kurt Forrest Brewer** DATE **5/7/02** DAYTIME PHONE # **407 210 6554**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)