
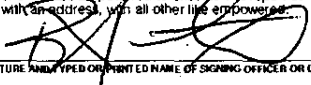


FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90174 022 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000040211					
1. Entity Name BRENNEN, INC.					
Principal Place of Business 4784 NW 7TH MANOR COCONUT CREEK, FL 33063		Mailing Address 4784 NW 7TH MANOR COCONUT CREEK, FL 33063			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02-0589455	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ALVORD, BRENT 1070 SW 46 AVE #307 POMPANO BEACH, FL 33069				Name ALVORD, BRENT	
				Street Address (P.O. Box Number is Not Acceptable) 4784 NW 7th Manor	
				City Coconut Creek FL 33063	
				Zip Code 33063	
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's signature required when electing.) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> Delete			
NAME	ALVORD, BRENT				
STREET ADDRESS	1070 SW 46 AVE #307				
CITY-ST-ZIP	POMPANO BEACH, FL 33069				
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					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ALVORD, BRENT				
STREET ADDRESS	4784 NW 7th Manor				
CITY-ST-ZIP	Coconut Creek, FL 33063				
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					
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 line empowerments.					
SIGNATURE:  5-23-03 954-724-3997					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

80122229



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)

Attachment #

5/23/03

To whom it may concern,

80122229
P02000040211

I proactively called and talked with someone in your office, because I knew I had not received my Uniform Business Report for continuation of my business. The person I spoke with explained to me that I needed to write this letter asking specifically for waiving of the reinstatement fee because I had not received my form. Please waive my reinstatement fee, because I never received the form, and have every intention of ongoing renewal of my business. I am enclosing my Uniform Business Report with the \$150 normal payment.

I am guessing that maybe the report was sent to our old address which is not the address currently listed for the business (which is correct on your form for our business, but incorrect on the form for the Officers/Director – myself).

Thank you in advance.

Brent H. Alvord

President
Brenyen, Inc.
954-729-3997