

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

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90284 020 ***150.00

DOCUMENT # **P02000071292**

1. Entity Name

Bry-Ren James Painting & Waterproofing Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8370 Cypress Dr. S.

Suite, Apt. #, etc.

3. Mailing Address

8370 Cypress Dr. S.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort Myers, FL

Zip **33912**

Country

USA

City & State

Fort Myers, FL

Zip **33912**

Country

USA

4. FEI Number

74-3113063

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **Gary T. Niger**

Street Address (P.O. Box Number is Not Acceptable)

8370 Cypress Drive S.

City **Fort Myers**

FL

Zip Code

33912

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	President / Treasurer
NAME	Gary T. Niger
STREET ADDRESS	8370 Cypress Drive S.
CITY-ST-ZIP	Fort Myers, FL 33912
TITLE	Vice President
NAME	Norma J. Niger
STREET ADDRESS	8370 Cypress Drive S.
CITY-ST-ZIP	Fort Myers, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/05

Date

239415-8980

Daytime Phone #

CR2E034B (12/02)