

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000089833

1. Entity Name  
BREWERS LATHING, INC.



**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90777 026 \*\*\*150.00

Principal Place of Business  
319 PALMETTO BLUFF RD.  
BOSTWICK FL 32007

Mailing Address  
319 PALMETTO BLUFF RD.  
BOSTWICK FL 32007

10053866



2. Principal Place of Business

3. Mailing Address

P.O. Box 377

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Bostwick, FL 32007

4. FEI Number

13-4207729

☒ Applied For

☒ Not Applicable

Zip

Country

Zip

32007

Country

USA

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BREWER, DANIEL L  
319 PALMETTO BLUFF RD.  
BOSTWICK FL 32007

Name

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

City

FL

Zip Code

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME BREWER, DANIEL L  
STREET ADDRESS P.O. BOX 202  
CITY-ST-ZIP BOSTWICK FL 32007 ☐ Delete

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

TITLE VP  
NAME BREWER, KENNETH B  
STREET ADDRESS 319 PALMETTO BLUFF RD.  
CITY-ST-ZIP BOSTWICK FL 32007 ☐ Delete

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

TITLE S/T  
NAME ARD, SCOTT  
STREET ADDRESS 319 PALMETTO BLUFF RD.  
CITY-ST-ZIP BOSTWICK FL 32007 ☐ Delete

TITLE  
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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-03 386-325-196

Date

Daytime Phone #

CR2E034 (10/02)