

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90457 040 ***150.00

DOCUMENT # P02000119181

1. Entity Name
BRIMAR INCORPORATED



Principal Place of Business
1114 WHITEHEART COURT
MARCO ISLAND FL 34145

Mailing Address
1114 WHITEHEART COURT
MARCO ISLAND FL 34145

2. Principal Place of Business

3506 ENTERPRISE AVE

3. Mailing Address

3506 ENTERPRISE AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

04-3722833

Applied For

Not Applicable

Zip

Country

34104

U.S.

Zip

Country

34104

U.S.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRAMER, FREDERICK C
950 N COLLIER BLVD STE 201
MARCO ISLAND FL 34145

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-03

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	PRES	<input type="checkbox"/> Delete
NAME	MARC J. ANGUIANO	
STREET ADDRESS	1114 WHITEHEART CT.	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	TREAS.	<input type="checkbox"/> Delete
NAME	MARC J. ANGUIANO	
STREET ADDRESS	1114 WHITEHEART CT.	
CITY-ST-ZIP	MARCO ISL FL 34145	
TITLE	NATALIE ANGUIANO	<input type="checkbox"/> Delete
NAME	V. PRES	
STREET ADDRESS	1114 WHITEHEART CT.	
CITY-ST-ZIP	MARCO ISL FL 34145	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	NATALIE ANGUIANO	
STREET ADDRESS	1114 WHITEHEART CT.	
CITY-ST-ZIP	MARCO ISL FL 34145	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.

SIGNATURE: *[Signature]* **REQUIRED** *[Signature]* **ANGUIANO** *[Signature]* **4-15-03** *[Signature]* **284-43-3600**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)