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

## DOCUMENT#

P92000005400

1. Entity Name

BREKHOL, INC.



FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90274 045 \*\*\*150.00

NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE		•								
Sute, Apt. #. ctc.   Suite, Apt. #. etc.   CHECK HERE IF MAKING CHANGES   Applied For Not Applicable   Applied For Registered Agent   Appl	1110 COMMISSIONERS RD. WEST 1110 COMMISSIONERS RD. W									
Sute, Apt. #. ctc.   Suite, Apt. #. etc.   CHECK HERE IF MAKING CHANGES   Applied For Not Applicable   Applied For Registered Agent   Appl		•								
City & State  City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  Country  Country  S. Carrificate of Status Desired  8. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  SHERWIN, W B  Street: Address (P.O. Box Number is Not Acceptable)  Street: Address (P.O. Box Number is Not Acceptable)  City  FL  Zio Code	2. Principal Place of Business 3. Mailing Address			****			<b>. 66</b> /11/24/11/10/11/11	<u> </u>		
Note	Suite, Apt. #, etc. St		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
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SHERWIN, W B FOX SHERWIN & COMPANY PA 7901-11H STREET NORTH STEE 100 SAINT PETERSBURG FL 33702  8. The above named antity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:  TITLE  MAME  STREET ANDRESS  IOPY-ST-2P  TITLE  MAME  SIRET ANDRESS  IOPY-ST-2P  TITLE  TITL	Zip	Country	Zip	Country			_ \$	8.75 Add	ditional	
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FOX SHERWIN & COMPANY PA 7901-4TH STREET NORTH STE 100  SAINT PETERSBURG FL 33702  6. The above named entity switch is statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Supravio, lipsed or printed name of registered agent and the 7 applicable.   (NOTE Registered Agent agreeure required when intentions)   DATE	Company of the Compan									
FOX SHERWIN & COMPANY PA 7901-TH STREET NORTH STE 100  SAINT PETERSBURG FL 33702  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  Signatura typed or protect name of registered agent and the Hapticable.  (NOTE Registered Agent signature required agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  BREKELMANS, GERARDUS  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CHANGES  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CHANGES  CITY-ST-ZIP  CHANGE	SHERWIN, W B				Street Address (P.O. Boy Number is Not Acceptable)					
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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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP



Opil 16/03 519-652-3225