

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90151 015 ***150.00

DOCUMENT # P94000017083

1. Entity Name

BRENNEN PUBLICATIONS, INC.

Principal Place of Business

Mailing Address

**367 PERIWINKLE WAY
 SANIBEL FL 33957
 US**

**P. O. BOX 1771
 SANIBEL FL 33957-1771
 US**

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 **65-0513429**

Applied For

Not Applicable

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

**BRENNEN, CARLENE F.
 367 PERIWINKLE WAY
 SANIBEL FL 33957**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BRENNEN, CARLENE F.	<input type="checkbox"/>	NAME:	<input type="checkbox"/>
STREET ADDRESS: 367 PERIWINKLE WAY	<input type="checkbox"/>	STREET ADDRESS:	<input type="checkbox"/>
CITY-ST-ZIP: SANIBEL FL	<input type="checkbox"/>	CITY-ST-ZIP:	<input type="checkbox"/>
TITLE: P	<input type="checkbox"/>	TITLE:	<input type="checkbox"/>
NAME: TERRY BRENNEN	<input type="checkbox"/>	NAME:	<input type="checkbox"/>
STREET ADDRESS: 367 PERIWINKLE WAY	<input type="checkbox"/>	STREET ADDRESS:	<input type="checkbox"/>
CITY-ST-ZIP: SANIBEL FL	<input type="checkbox"/>	CITY-ST-ZIP:	<input type="checkbox"/>
TITLE:	<input type="checkbox"/>	TITLE:	<input type="checkbox"/>
NAME:	<input type="checkbox"/>	NAME:	<input type="checkbox"/>
STREET ADDRESS:	<input type="checkbox"/>	STREET ADDRESS:	<input type="checkbox"/>
CITY-ST-ZIP:	<input type="checkbox"/>	CITY-ST-ZIP:	<input type="checkbox"/>
TITLE:	<input type="checkbox"/>	TITLE:	<input type="checkbox"/>
NAME:	<input type="checkbox"/>	NAME:	<input type="checkbox"/>
STREET ADDRESS:	<input type="checkbox"/>	STREET ADDRESS:	<input type="checkbox"/>
CITY-ST-ZIP:	<input type="checkbox"/>	CITY-ST-ZIP:	<input type="checkbox"/>
TITLE:	<input type="checkbox"/>	TITLE:	<input type="checkbox"/>
NAME:	<input type="checkbox"/>	NAME:	<input type="checkbox"/>
STREET ADDRESS:	<input type="checkbox"/>	STREET ADDRESS:	<input type="checkbox"/>
CITY-ST-ZIP:	<input type="checkbox"/>	CITY-ST-ZIP:	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment to this address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 1 014 00011