

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90298 038 \*\*\*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  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sanibel, Fla.

Zip

Country

Zip

Country

33957 Lee

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  
CARLENE BRENNEN  
Street Address (P.O. Box Number is Not Acceptable)  
PO BOX 1771  
1142 SCHOOVER  
City  
SANIBEL FL Zip Code  
33957

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 *Carlene F. Brennen*

4-19-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

TITLE P  
NAME BRENNEN, CARLENE F.  
STREET ADDRESS 367 PERIWINKLE WAY  
CITY-ST-ZIP SANIBEL FL ☐ Delete

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1142 SCHOOVER  
CITY-ST-ZIP SANIBEL, FL. 33957

TITLE VP  
NAME TERRY BRENNEN  
STREET ADDRESS 367 PERIWINKLE WAY  
CITY-ST-ZIP SANIBEL FL ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1142 SCHOOVER  
CITY-ST-ZIP SANIBEL, FL. 33957

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 with an address, with all other like empowered.

SIGNATURE: *Carlene F. Brennen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-01

Date

941-472-3691

Daytime Phone #

CR2E034 (10/00)