


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

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90050 024 \*\*\*150.00

UJ14132 AV

<b>DOCUMENT #</b> P95000008391	
<b>1. Entity Name</b> BEHRENS CORPORATION	

<b>Principal Place of Business</b> 1929 SO. PALMETTO AVENUE SOUTH DAYTONA FL 32119	<b>Mailing Address</b> 1929 SO. PALMETTO AVENUE SOUTH DAYTONA FL 32119
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30008447



<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

<b>City &amp; State</b>	<b>City &amp; State</b>	<b>4. FEI Number</b> 59-3306494	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

BEHRENS, HENRY  
1929 SO. PALMETTO AVENUE  
SOUTH DAYTONA FL 32119

**7. Name and Address of New Registered Agent**

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**  **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	D	<input type="checkbox"/>
NAME	BEHRENS, HENRY	
STREET ADDRESS	1929 SO. PALMETTO AVENUE	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	
TITLE	D	<input type="checkbox"/>
NAME	BEHRENS, ELIZABETH	
STREET ADDRESS	1929 SO. PALMETTO AVENUE	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	
TITLE	D	<input type="checkbox"/>
NAME	BEHRENS, SHAWN P	
STREET ADDRESS	1929 SO. PALMETTO AVENUE	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	
TITLE	D	<input type="checkbox"/>
NAME	BEHRENS, KEVIN H	
STREET ADDRESS	2341 BRIAN AVENUE	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	
TITLE	D	<input type="checkbox"/>
NAME	BEHRENS, MARY E	
STREET ADDRESS	1929 SO. PALMETTO AVENUE	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

CR2E034 (10/02)

**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:** Henry G. Behrens **17, 2003** **386 767 5690**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #