

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000030270

1. Entity Name  
BRITTEN ENTERPRISES INC.

Principal Place of Business  
5770 W IRLO BRONSON HWY  
SUITE 303  
KISSIMMEE FL 34746

Mailing Address  
5770 W IRLO BRONSON HWY  
SUITE 303  
KISSIMMEE FL 34746

2. Principal Place of Business  
5770 W. IRLO BRONSON.  
Suite, Apt. #, etc.  
Suite 303  
City & State  
Kissimmee FL  
Zip  
34746.  
Country  
OSCEOLA.

3. Mailing Address  
Suite, Apt. #, etc.  
← Same.  
City & State  
Zip  
Country



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 OCT 25 PM 2:03

REINSTATEMENT

4. FEI Number 59-3315932

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BRITTEN, EDNA  
658 PROMDARY CT  
KISSIMMEE FL 34759

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.

SIGNATURE Edna M Britten DATE 10-18-2001  
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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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  
TITLE D  
NAME BRITTEN, EDNA  
STREET ADDRESS 5770 W IRLO BRONSON MEMORIAL HWY #303  
CITY-ST-ZIP KISSIMMEE FL 34746

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE  
NAME  
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CITY-ST-ZIP

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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: Edna Britten DATE 10/1/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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