

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90017 028 \*\*\*150.00

**DOCUMENT # P95000066885**

1. Entity Name  
**BRK ENTERPRISES, INC.**

Principal Place of Business      Mailing Address  
**1921 W TENNESSEE ST**      **PO BOX 2645**  
**TALLAHASSEE FL 32304**      **TALLAHASSEE FL 32316**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**1921 W. Tennessee St**

City & State      City & State  
**Tallahassee, FL**

Zip      Country      Zip      Country  
**32304**      **USA**      **32304**      **USA**

4. FEI Number      Applied For  
**59-3348161**       Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**RICHARD J BAERWALDT**  
**1555 DELANEY DR #510**  
**TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent  
 Name **Richard J. Baerwaldt**  
 Street Address (P.O. Box Number is Not Acceptable) **311 Blanding Blvd #10**  
 City **Orange Park**      State **FL**      Zip Code **32073**

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]* **Richard J. Baerwaldt**      DATE **3-10-01**  
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.   
**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BAERWALDT, RICHARD J.</b> <b>311 BLANDING BLVD #10</b> <b>ORANGE PARK FL 32073</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SCHONOVER, BRIAN K.</b> <b>9550-26 BAYMEADOWS ROAD</b> <b>JACKSONVILLE FL 32256</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SCHONOVER, STEPHANIE L.</b> <b>9550-26 BAYMEADOWS ROAD</b> <b>JACKSONVILLE FL 32256</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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

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: *[Signature]* **Richard J. Baerwaldt**      Date **3-10-01**      Daytime Phone # **904-213-0288**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE034 (10/00)