

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90142 025 \*\*\*150.00

**DOCUMENT # P95000066885**



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

Principal Place of Business  
**1921 W TENNESSEE ST  
TALLAHASSEE FL 32304  
US**

Mailing Address  
**1921 W TENNESSEE ST  
TALLAHASSEE FL 32304  
US**

11014326



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3348161**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RICHARD J BAERWALDT  
311 BLANDING BLVD #10  
ORANGE PARK FL 32073**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | <b>VP</b>                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Ken Baerwaldt</b>      |  |
| STREET ADDRESS | <b>1916 Stonehedge Dr</b> |  |
| CITY-ST-ZIP    | <b>Findley, OH 45840</b>  |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |

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 another like empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1103 904-213-0293  
Date Daytime Phone #

CR2E034 (10/02)