

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000072999

1. Entity Name

BREW CONSTRUCTION, INC.

**AMENDED**

FILED

01 JUN 11 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

203 E. SAILFISH DR.  
ATLANTIC BEACH, FL  
32233

Mailing Address

203 SAILFISH DR.  
ATLANTIC BEACH, FL  
32233

2. Principal Place of Business

1045 MAYPORT RD  
3AL

3. Mailing Address

1045 MAYPORT RD  
3AL

DO NOT WRITE IN THIS SPACE

City & State

ATLANTIC BEACH, FL

City & State

ATLANTIC BEACH, FL

4. FEI Number

59-3400981

Applied For

Not Applicable

Zip 32233

Country USA

Zip 32233

Country USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BREW, GEORGE K  
233 E. BAY ST. #1020  
JACKSONVILLE, FL 32202

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

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

TITLE NAME  Delete  
P WARREN BREW  
STREET ADDRESS 203 SAILFISH DR.  
CITY-ST-ZIP ATLANTIC BEACH, FL 32233

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
V, S, T Chairman  
BOB ALLIGOOD  
STREET ADDRESS 13698 BROMLEY POINT DR.  
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE NAME  Change  Addition  
STREET ADDRESS 900004450379--6  
CITY-ST-ZIP -06/28/01--01091--018

TITLE NAME  Change  Addition  
STREET ADDRESS \*\*\*\*\*01.25 \*\*\*\*\*01.25  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
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:

BOB ALLIGOOD, V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/00)