

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90001 034 ***158.75

DOCUMENT # P96000072999

1. Entity Name
BREW CONSTRUCTION, INC.

Principal Place of Business Mailing Address
~~13698 BROMLEY POINT DRIVE~~ ~~13698 BROMLEY POINT DRIVE~~
~~JACKSONVILLE FL 32225~~ ~~JACKSONVILLE FL 32225~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>645 Mayport Rd.</i>		3. Mailing Address <i>645 Mayport Rd.</i>	
Suite, Apt. #, etc. <i>Suite 3A</i>		Suite, Apt. #, etc. <i>Suite 3A</i>	
City & State <i>Atlantic Beach, FL</i>		City & State <i>Atlantic Beach, FL</i>	
Zip <i>32233</i>	Country <i>Duval</i>	Zip <i>32233</i>	Country <i>Duval</i>

4. FEI Number 59-3400981	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
BREW, WARREN
645 MAYPORT ROAD. SUITE 3A
ATLANTIC BEACH FL 32233

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 _____ DATE _____
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 \$150.00
After May 1, 2002 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 P	<input type="checkbox"/> Delete
NAME BREW, WARREN	
STREET ADDRESS 203 SAILFISH DR	
CITY-ST-ZIP ATLANTIC BEACH FL 32233	
TITLE VSTC	<input type="checkbox"/> Delete
NAME ALLIGOOD, BOB	
STREET ADDRESS 13698 BROMLEY POINT DR	
CITY-ST-ZIP JACKSONVILLE FL 32225	
TITLE D	<input type="checkbox"/> Delete
NAME DUNN, DANNY	
STREET ADDRESS 302 HOLLY TRAILS	
CITY-ST-ZIP MOULTRIE GA 31768	
TITLE D	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VTC
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S
STREET ADDRESS	Lynn Alligood
CITY-ST-ZIP	13698 Bromley Pt. Dr. JACKSONVILLE, FL 32225
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	

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 information.

SIGNATURE: *Lynn Alligood* **Lynn Alligood** *1/10/02* **1/10/02** *(904) 226-0474* **(904) 226-0474**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)