## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 02, 2001 8:00 am Secretary of State DOCUMENT # **P97000062302** 1. Entity Name BRS ENTERPRISES, INC. 04-02-2001 90057 030 \*\*\*150.00 Principal Place of Business Mailing Address 9550 26 BAYMEADOWS RD 9550-26 BAYMEADOWS RD JAX FL 32256 JAX FL 32256 ÜS LIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3460014 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent idress of New Registered Agent Name BENTON, RICHARD E 1415 EAST PIEDMONT DRIVE SUITE 4 TALLAHASSEE FL 32312 8. The above named e nt for the purpose of changing its registered office or registered SIGNATURE ered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible. 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition ☐ Delete TITLE TITLE BAERWALDT, RICHARD J NAME STREET ADDRESS 2028 SANDHILL CRANE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32224 ☐ Change TITLE ☐ Delete TITLE ☐ Addition BAERWALDT, KENNETH J NAME STREET ADDRESS 1919 STONEHEDGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FINDLAY OH 45840 ☐ Delete TITLE Change ☐ Addition NAME SCHONOVER, BRIAN K NAME STREET ADDRESS STREET ADDRESS 13962 IBIS PT BLVD CITY-ST-ZIP CITY-ST-7IP JAX FL 32224 TITI F TITLE Change ☐ Delete ☐ Addition NAME SCHONOVER, STEPHANIE NAME STREET ADDRESS STREET ADDRESS 13962 IBIS PT BLVD CITY-ST-ZIP CITY-ST-ZIP JAX FL 32224 ☐ Addition TITLE TITLE ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 reportie 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 by trustee entropy wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the rec changed, or on an attachma