

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-24-2003 90139 003 ***150.00

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DOCUMENT # P97000062302

1. Entity Name
BRS ENTERPRISES, INC.



Principal Place of Business
**9550 26 BAYMEADOWS RD
JAX FL 32256
US**

Mailing Address
**9550-26 BAYMEADOWS RD
JAX FL 32256
US**

11012111



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3460014**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BENTON, RICHARD E
2028 SANDHILL CRANE DRIVE
JACKSONVILLE FL 32224**

Name **Richard J. Baerwaldt**
Street Address (P.O. Box Number is Not Acceptable) **311-10 Blanding Blvd**
City **Orange Park** FL Zip **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE **4-18-03**
(NOTE: Registered Agent signature required when reinstating)

**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 **D** ☐ Delete
NAME **BAERWALDT, RICHARD J**
STREET ADDRESS **2028 SANDHILL CRANE DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **President** ☒ Change ☐ Addition
NAME **Richard J. Baerwaldt**
STREET ADDRESS **311-10 Blanding Blvd**
CITY-ST-ZIP **Orange Park, FL 32073**

TITLE **D** ☐ Delete
NAME **BAERWALDT, KENNETH J**
STREET ADDRESS **1919 STONEHEDGE**
CITY-ST-ZIP **FINDLAY OH 45840**

TITLE **V.P.** ☒ Change ☐ Addition
NAME **Kenneth J Baerwaldt**
STREET ADDRESS **1916 Stonehedge Dr.**
CITY-ST-ZIP **Findlay, OH 45840**

TITLE **D** ☒ Delete
NAME **SCHONOVER, BRIAN K**
STREET ADDRESS **13962 IBIS PT BLVD**
CITY-ST-ZIP **JAX FL 32224**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **SCHONOVER, STEPHANIE**
STREET ADDRESS **13962 IBIS PT BLVD**
CITY-ST-ZIP **JAX FL 32224**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-18-03** Daytime Phone # **904-213-0293**

CR2E034 (10/02)