2002 UNIFORM BUSINESS REPORT (UBR)

May 23, 2002 8:00 am Secretary of State P97000091108 DOCUMENT # 1. Entity Name 05-23-2002 90105 048 ***150.00 BRENDAN INVESTMENTS, INC. Mailing Address Principal Place of Business 9515-D HOLSBERRY RD 9515-D HOLSBERRY RD PENSACOLA FL 32534 PENSACOLA FL 32534 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3473072 Not Applicable \$8.75 Additional Country Zip Country . **5.**. Certificate of Status Desired~ - . 🔲 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SMITH, MAX L Street Address (P.O. Box Number is Not Acceptable) 9515-D HOLSBERRY RD PENSACOLA FL 32534 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 . This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01) Change ☐ Addition ☐ Delete TITLE TITLE NAME SMITH, MAX L NAME **CR2E034** 9515-D HOLSBERRY RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32534 CITY-ST-ZIP Change ☐ Addition ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change [] Addition TITLE ☐ Delete TITLE NAME 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 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 employered 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 empowers.

OPPRESIDENT,

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

MAX L. SMITH

Daytime Phone #

(850)478∓0907

FILED