## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

2002	2 UNIFORM BU	SINESS REPOI	RT (UBR)	FILE		
DOCUMENT # P98000012999  BREWIN WORDS, INC.				Jan 21, 2002 8:00 am Secretary of State 01-21-2002 90056 033 ***150.00		
2726 HIDGEV +22 SANFORD FL 2. Principal P 25 Y	ANFORD FL 32773.  Principal Place of Business  3. Mailing Address		E	DO NOT WRITE IN THIS SPACE		
City & State  Longuisod FL  Zip Country  32750 USA		City & State	Country	4. FEI Number 59-3138935 5. Certificate of Status Desired □	Applied For Not Applicable  \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BREWER, LOIS A 806 KEYSTONE AVE ALTAMONTE SPRINGS FL 32701			Name Street Address City	Street Address (P.O. Box Number is Not Acceptable)		
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 site if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  1. DATE  PLE 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.						
11. TITLE NAME STREET ADDRESS	OFFICERS AT D BREWER, LOIS A 806 KEYSTONE AVE	ND DIRECTORS  Delete	12.	ADDITIONS/CHANGES TO OFFICERS AND SY Blackwoter Place	D DIRECTORS IN 11 Change	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	TITLE	Longwood FL 32750	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Diluin Wolf 512 - 41 59-2492 542 -					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	not 39-3138933					
NAME STREET ADDRESS CITY-ST-ZIP	Please correct your records.  Lois a Brewer President, Brewin Words Inc.  407-260-6851-804					
NAME STREET ADDRESS CITY-ST-ZIP  13. I hereby company to the street of t	ertify that the information supplied v	/th this filing does not qualify for the	ne exemption stated in S	Section 119.07(3)(i), Florida Statutes. I further ce	rtify that the information	
indicated of the corp	on this report or supplemental report	t is true and accurate and that my powered to execute this report as	signature shall have the	e same legal effect as if made under oath; that I 07, Florida Statutes; and that my name appears	am an officer or director	