

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90158 008 ***150.00

DOCUMENT # P98000014947

1. Entity Name

B+R ENTERTAINMENT, INC



DO NOT WRITE IN THIS SPACE

10075693

2. Principal Place of Business

609 SHENIDAN WOODS DR.

Suite, Apt. #, etc.

3. Mailing Address

609 SHENIDAN WOODS DR.

Suite, Apt. #, etc.

City & State

W. MELBOURNE, FLA.

City & State

W. MELBOURNE FLA

4. FEI Number

650813136

Applied For

Not Applicable

Zip

32904

Country

USA

Zip

32904

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Richard Driscoll

Street Address (P.O. Box Number is Not Acceptable)

609 SHENIDAN WOODS DR.

City

W. MELBOURNE

FL

Zip Code

32904

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **P.T.D.**
NAME **RICHARD D. DRISCOLL**
STREET ADDRESS **609 SHENIDAN WOODS DR.**
CITY-ST-ZIP **W. MELBOURNE, FLA 32904**

TITLE **V.S.D.**
NAME **BRENDA J. DRISCOLL**
STREET ADDRESS **609 SHENIDAN WOODS DR.**
CITY-ST-ZIP **W. MELBOURNE, FLA. 32904**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Richard D. Driscoll** **RICHARD D. DRISCOLL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/12/2003**

Daytime Phone # **321-409-5660**

CR2E034B (12/02)