

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043557

1. Entity Name

BREN MARINE, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90044 028 ***550.00

Principal Place of Business

1901 W CYPRESS CREEK ROAD STE 415
 FT LAUDERDALE FL 33309

Mailing Address

1901 W CYPRESS CREEK ROAD STE 415
 FT LAUDERDALE FL 33309-1857

2. Principal Place of Business

1100 S. OCEAN BLVD

Suite, Apt. #, etc.

3. Mailing Address

9950 DITCH RD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MANALAPAN FLORIDA

Zip

33462

Country

USA

City & State

CARMEL INDIANA

Zip

46032

Country

USA

4. FEI Number

65-0845612

Applied For

Not Applicable

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

LARDIN, THOMAS D
 1100 SO OCEAN BLVD
 MANALAPAN FL 33462

Name: Thomas D. Lardin

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

1901 W. Cypress Cr. Rd

Suite 415

City Fort Lauderdale

FL

Zip Code 33309

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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SIMON, BREN	
STREET ADDRESS	1100 SO OCEAN BLVD	
CITY-ST-ZIP	MANALAPAN FL 33462	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SIMON, TAMME	
STREET ADDRESS	1100 SO OCEAN BLVD	
CITY-ST-ZIP	MANALAPAN FL 33462	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SHEETS, DONNA	
STREET ADDRESS	1100 SO OCEAN BLVD	
CITY-ST-ZIP	MANALAPAN FL 33462	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KAY, DAVID	
STREET ADDRESS	702 NW 8 AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10110 DITCH ROAD	
CITY-ST-ZIP	CARMEL IN 46032	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10110 DITCH ROAD	
CITY-ST-ZIP	CARMEL IN 46032	
TITLE	SEC-TREASURER DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWRENCE GREENWALD	
STREET ADDRESS	9950 DITCH RD	
CITY-ST-ZIP	CARMEL IN 46032	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 empowered 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence Greenwood Secretary-Treasurer

Date

1-19-00

Daytime Phone #

372-844-9467

CR2E034 (9/99)