

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90003 045 ***550.00

DOCUMENT # P98000043557

1. Entity Name

BREN MARINE, INC.

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**

2. Principal Place of Business

3. Mailing Address

10110 DITCH ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CARMEL, IN

4. FEI Number

65-0845612

Applied For

Not Applicable

Zip

Country

Zip

Country

46032

USA

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

DO NOT WRITE IN THIS SPACE

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

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

City

FL

Zip Code

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 ☐ Delete
 NAME **PD SIMON, BREN**
 STREET ADDRESS **1100 SO OCEAN BLVD**
 CITY-ST-ZIP **MANALAPAN FL 33462**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **10110 DITCH ROAD**
 CITY-ST-ZIP **CARMEL, IN 46032**

TITLE ☐ Delete
 NAME **VD SIMON, TAMME**
 STREET ADDRESS **1100 SO OCEAN BLVD**
 CITY-ST-ZIP **MANALAPAN FL 33462**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **10110 DITCH ROAD**
 CITY-ST-ZIP **CARMEL, IN 46032**

TITLE ☐ Delete
 NAME **STD SHEETS, DONNA**
 STREET ADDRESS **1100 SO OCEAN BLVD**
 CITY-ST-ZIP **MANALAPAN FL 33462**

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

TITLE ☐ Delete
 NAME **VD KAY, DAVID**
 STREET ADDRESS **702 NW 8 AVE**
 CITY-ST-ZIP **DELRAY BEACH FL 33444**

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

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

BREN SIMON

Date

9/6/01

Daytime Phone #

317-844-9467