**FILED** 

Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90067 019 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000044527** 

1. Entity Name
BRENNER & ASSOCIATES ARCHITECTURE, INC.



Principal Place of Business 1717 INDIAN RIVER BOULEVARD	SUITE 202B	Mailing

Mailing Address
1717 INDIAN RIVER BOULEVARD SUITE 202B

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O Deinging	Dia(D									
Z. Principal	Principal Place of Business     3. Mailing Address				1 16011004 119 10101 10111 10111 10111 10111	JIT BOURD BLANT BYBAET	95119 11811 1881 18 <b>9</b> 1			
Suite, Apt. #, etc. Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State City & State		· _			4. FE! Number 65-0840977 Applied For					
Zip e		Country	Zip	Cour	itry	5.	Certificate of Status Desired	<u> </u>	Not Applicable Additional	
5	6. Name	and Address of Current	Registered Agent		· مدمر این سسماری	ર . <u>~</u> —	Fee Required			
		THE PROPERTY OF CAMERIE	negistered Agent		7. Name and Address of New Registered Agent Name					
BRENNER, JOHN M			*	Traine 1						
1717 INDIAN RIVER BOULEVARD SUITE 202B				Street Address (P.O. Box Number is Not Acceptable)						
	ACH FL 329		LED				<u> </u>	<del></del>		
					City			FL Zip C		
8. The above	named entity	submits this statement fo	r the purpose of changing	g its registere	ed office or regi	istered ac	gent, or both, in the State of Florida	Lam familiar w	ith and accept	
the obligat	tions of registi	ered agent.			_	~	, ,		and docupt	
SIGNATURE										
	Signature, typed	or printed name of registered agent a	and title if applicable. (	(NOTE: Registered	Agent signature req	quired when n	einstating)	DATE	<del></del>	
F	ILE NOW!!!	FEE IS \$150.00			*	-	T"		<del></del>	
Afte	r May 1, 200	3 Fee will be \$550.00					9. Election Campaign Financi		5.00 May Be	
·	k Payable to	Florida Department of					Trust Fund Contribution.	∐ Adı	ded to Fees	
10.		OFFICERS AND	DIRECTORS	11.		ΑE	DITIONS/CHANGES TO OFFICER	S AND DIRECTO	ORS IN 11	
TITLE NAME	d Brenner,	IOUN M	☐ Delete	TITLE				Chang	ge 🔲 Addition	
STREET ADDRESS	1717 INDIA	IN RIVER BOULEVARD	SUITE 2020	NAME						
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FREET ADDRESS		The March of the	No. of the same	NAME	1000000					
TY-ST-ZIP			•	STREET CITY-S	ADDRESS				ļ	
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2. 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 Block 11 if

SIGNATURE:

SGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/02

Daytime Phone #

(10/02)