

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056549

1. Entity Name

BREWER ENTERPRISES, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90015 027 ***150.00

Principal Place of Business

719 TEAL COURT
NAPLES FL 34108

Mailing Address

719 TEAL COURT
NAPLES FL 34108-3436

907824



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3863 ENTERPRISE AVE

3. Mailing Address

3863 ENTERPRISE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

59-3521255

Applied For

Not Applicable

Zip

Country

34104 U.S.A.

Zip

Country

34104 U.S.A.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOLFF, CASEY ESO
C/O PAULICH, SLACK & WOLFF, P.A.
801 ANCHOR RODE DRIVE, SUITE 203
NAPLES FL 34103

7. Name and Address of New Registered Agent

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 \$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

TITLE P ☐ Delete
NAME BREWER, SCOTT
STREET ADDRESS 4327 27TH CT., #203
CITY-ST-ZIP NAPLES FL 34116

TITLE C ☐ Delete
NAME DEXTER, PAUL
STREET ADDRESS 606 SUGAR PINE LANE
CITY-ST-ZIP NAPLES FL 34108

TITLE S ☐ Delete
NAME HOUCK, ANDREA
STREET ADDRESS 4483 31ST PLACE SW
CITY-ST-ZIP NAPLES FL 34116

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 770 10TH AVE NW
CITY-ST-ZIP NAPLES FL 34120

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 844 ABBINGTON CR #1921
CITY-ST-ZIP NAPLES FL 34108

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 770 10TH AVE NW
CITY-ST-ZIP NAPLES FL 34120

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

TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PAUL A. DEXTER

Date

1/27/00

Daytime Phone #

941 566 7661

CR2E034 (9/99)