

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002968

1. Entity Name

HENRY-BREITMEIER ENTERPRISES, INC.

Principal Place of Business

10630 S TROPICAL TRAIL  
MERRITT ISLAND FL 32952

Mailing Address

10630 S TROPICAL TRAIL  
MERRITT ISLAND FL 32952

2. Principal Place of Business

417 Sunset Blvd.

3. Mailing Address

417 Sunset Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne Beach FL

City & State

Melbourne Bch FL.

Zip

32951

Country

USA

Zip

32951

Country

USA

4. FEI Number

65-0890099

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DETTMER, DALE A  
304 S HARBOR CITY BLVD STE 201  
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name: Charles Ian Nash

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

930 South Harbor City Boulevard  
Suite 505

City

Melbourne

FL

Zip Code  
32901

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

4/24/01

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D HENRY, RICHARD C 10630 S TROPICAL TRAIL MERRITT ISLAND FL 32952	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/SIT BREITMEIER, JAMES W 417 SUNSET BLVD MELBOURNE BCH FL 32957	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James W. Breitmeier* | President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*James W. Breitmeier*

4/24/01 321-723-3606

Date

Daytime Phone #

CR2E034 (10/00)