

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90221 009 ***150.00

DOCUMENT # P99000057821

1. Entity Name:
BRENKMAN CONSULTING, INC.

Principal Place of Business

3020 W. GULF DR.
 SANIBEL FL 33957

Mailing Address

3020 W. GULF DR.
 SANIBEL FL 33957-5610

2. Principal Place of Business

12870 KELLY GREENS BLVD
 Suite, Apt. #, etc.

3. Mailing Address

12870 KELLY GREENS BLVD
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FORT MYERS, FLORIDA

City & State

FORT MYERS, FLORIDA

4. FEI Number

65-0935763

Applied For

Not Applicable

Zip

Country

33908

USA

Zip

Country

33908

USA

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

BRENKMAN, LESTER E
3020 W. GULF DR.
SANIBEL FL 33957

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **BRENKMAN, LESTER E**
 STREET ADDRESS **3020 W. GULF DR.**
 CITY-ST-ZIP **SANIBEL FL 33957**

TITLE ☐ Change ☒ Addition
 NAME **C, P, D**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **VP-S-T**
 STREET ADDRESS **MARY J. BRENKMAN**
 CITY-ST-ZIP **3020 W. GULF DR**
SANIBEL, FL 33957

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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
LESTER E. BRENKMAN

Date

415-9597
(941) 345-9158
 Daytime Phone #

CFR0034 (9/99)