

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

03-16-2001 90030 020 ***150.00

DOCUMENT # F94000001563

1. Entity Name

J.A. BREWER ENTERPRISES, INC.

Principal Place of Business

Mailing Address

PO BOX 641
 POMONA PARK FL 32181

PO BOX 641
 POMONA PARK FL 32181

2. Principal Place of Business

1806 HWY 17

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 768

Suite, Apt. #, etc.

City & State

POMONA PARK, FL

City & State

SIKESTON, MO

4. FEI Number

43-1193038

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BREWER, JOHN
 RT #1 BOX 226-B
 CRESCENT CITY FL 32012**

7. Name and Address of New Registered Agent

Name

WILLIAM D. LONG

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

2860 NEIL ROAD

City

APOPKA

FL

Zip Code
32703

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

WILLIAM D. LONG C/D

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/15/01

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, 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

TITLE	PC	XX Delete
NAME	BREWER, JOHN	
STREET ADDRESS	RT #1 BOX 226-B	
CITY-ST-ZIP	CRESCENT CITY FL 32012	
TITLE	ST	XX Delete
NAME	BREWER, AGNES	
STREET ADDRESS	RT #1 BOX 226-B	
CITY-ST-ZIP	CRESCENT CITY FL 32012	
TITLE	VC	XX Delete
NAME	BREWER, JOHN JR	
STREET ADDRESS	139 LAKE COMO RD.	
CITY-ST-ZIP	PAMONA PARK FL 32181	
TITLE		XX 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	P/D	XX Change ☐ Addition
NAME	BEAUREGARD T. LONG	
STREET ADDRESS	301 SPRUCE STREET	
CITY-ST-ZIP	CRESENT CITY, FL 32112	
TITLE	S/D	XX Change ☐ Addition
NAME	BARBARA R. LONG	
STREET ADDRESS	2860 NEIL ROAD	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	V/D	XX Change ☐ Addition
NAME	TONYA BOWEN LONG	
STREET ADDRESS	301 SPRUCE STREET	
CITY-ST-ZIP	CRESENT CITY, FL 32112	
TITLE	C/D	☐ Change ☒ Addition
NAME	WILLIAM D. LONG	
STREET ADDRESS	2860 NEIL ROAD	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	D	☐ Change ☒ Addition
NAME	LISA HILL	
STREET ADDRESS	2860 NEIL ROAD	
CITY-ST-ZIP	APOPKA, FL 32703	
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:

BEAUREGARD T. LONG-PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/01

DATE

904-649-0530

Daytime Phone

CR2E034 (10/00)