

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P95000058454**  
 1. Entity Name  
**MA-BRI SPACE SAVER, SYSTEM, INC.**

**FILED**  
**Jun 23, 2000 8:00 am**  
**Secretary of State**  
 05-24-2000 90093 026 \*\*\*150.00

Principal Place of Business Mailing Address  
**257 Beeney Road 257 Beeney Road**  
**Port Charlotte, FL Port Charlotte, FL**  
**33952 33952**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. FEI Number **59-3346113** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent  
**Manfred & Britta Eehalt**  
**257 Beeney Road**  
**Port Charlotte, FL 33952**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

6. 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 **Manfred A. Eehalt** DATE **06.15.20**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resetting)

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**  
**ATTN: 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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eehalt, Manfred	NAME	
STREET ADDRESS	23738 Beschendorf	STREET ADDRESS	
CITY-ST-ZIP	Dorfstr. 28 Germany	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eehalt, Britta	NAME	
STREET ADDRESS	23738 Beschendorf	STREET ADDRESS	
CITY-ST-ZIP	Dorfstr. 28 Germany	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **Manfred A. Eehalt** President **06.04.20**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CRZE034 (9/99)