

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90077 021 ***150.00

0538278

DOCUMENT # P95000058454

1. Entity Name

MA-BRI SPACE - SAVER SYSTEM, INC.

Principal Place of Business

**257 BEENEY ROAD
 PORT CHARLOTTE FL 33952**

Mailing Address

**257 BEENEY ROAD
 PORT CHARLOTTE FL 33952**

2. Principal Place of Business

11126 Palmerston
 Suite, Apt. #, etc.

3. Mailing Address

11126 Palmerston
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Punta Gorda FL

City & State
Punta Gorda FL

4. FEI Number **59-3346113**

Applied For
 Not Applicable

Zip
33955

Country

Zip
33955

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**EHEHALT, MANFRED B
 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)
11126 Palmerston
 City **Punta Gorda** **FL** Zip Code **33955**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	EHEHALT, MANFRED	
STREET ADDRESS	23738 BESCHENDORF	
CITY-ST-ZIP	DORFSTR.28 GERMANY	
TITLE	D	<input type="checkbox"/> Delete
NAME	EHEHALT, BRITTA	
STREET ADDRESS	23738 BESCHENDORF	
CITY-ST-ZIP	DORFSTR.28 GERMANY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11126 Palmerston	
CITY-ST-ZIP	Punta Gorda FL 33955	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11126 Palmerston	
CITY-ST-ZIP	Punta Gorda FL 33955	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: B. Eehalt BRITTA EHEHALT 03.19.01 941-505-9554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)