

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Jul 15, 2003 8:00 am
Secretary of State

0146980 AB

07-15-2003 90022 042 ***150.00

DOCUMENT # P99000085436

1. Entity Name
BREITHAAPT ENTERPRISES, INC.



Principal Place of Business
**3150 ANCHOR WAY CT.
APT E
FALLS CHURCH VA 22042**

Mailing Address
**3150 ANCHOR WAY CT.
APT E
FALLS CHURCH VA 22042**

2. Principal Place of Business
**2113 CLARK PL.
SILVER SPR.**

3. Mailing Address
**2113 CLARK PL.
SILVER SPRING**

City & State
MD

City & State
MD

Zip
20910

Country
USA

4. FEI Number **59-3600366**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LAURIA, RONALD G
620 CRANES WAY, SUITE 207
ALTAMONTE SPRINGS FL 32701**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BREITHAAPT, MARK 3150 ANCHOR WAY CT., APT E FALLS CHURCH VA 22042	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark Breithaupt **MARK BREITHAAPT** 7-12-03 240-304-7385

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment

90143068

#P9 900085436

Untitled

Attention: Florida Division of Corporations
Uniform Business Reports Filing
PO Box 1500
Tallahassee, FL 32302-1500

We did not receive the first notice, Uniform
Business Report.
Please accept our Uniform Business Report and
our filing fee of \$150.00.
Please note our address change on the report.

Yours Truly,

Mark Breithaupt



President
Breithaupt Enterprises Inc.