

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 524246

1. Entity Name
BRAEBURN, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90088 017 ***150.00

Principal Place of Business 1440 SOUTH OCEAN BLVD. 14A POMPANO BEACH FL 33062 US	Mailing Address 1 HAMILTON ST. S. POST OFFICE BOX 1120 WATERDOWN, ONT. CAN. L0R 2H0
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DO NOT WRITE IN THIS SPACE

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 65-0566207	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FRALEIGH, WILLIAM P.
1440 S. OCEAN BLVD.
14A
POMPANO BEACH FL 33062**

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.

SIGNATURE _____ (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 P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRALEIGH, WILLIAM P.		NAME	
STREET ADDRESS 265 MILL ST. S.		STREET ADDRESS	
CITY-ST-ZIP WATERDOWN, ONT, CANADA L0R-2H0		CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEMAINS, HELEN		NAME	
STREET ADDRESS 943 GLEN ACRES CT		STREET ADDRESS	
CITY-ST-ZIP BURLINGTON, ONT, CANADA L7T-3E1		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRALEIGH, DOREEN		NAME	
STREET ADDRESS 265 MILL ST. S.		STREET ADDRESS	
CITY-ST-ZIP WATERDOWN, ONT, CANADA L0R-2M0		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRALEIGH, GREGORY		NAME	
STREET ADDRESS 1878 CENTRE RD.		STREET ADDRESS	
CITY-ST-ZIP CARLISLE, ONT, CANADA L0R-1H0		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: SIGNATURE Date: Feb 23/2000 Daytime Phone #: 905-6897341

CR2E034 (9/99)