2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State
01-28-2000 90124 016 ***150.00

DOCUMENT # 619219

1. Entity Name

SCOTT A. BRAUER, C.P.A., P.A.

Principal Place of Business	Mailing Address
33 N. FT. HARRISON AVE. CLEARWATER FL 33755	33 N. FT. HARRISON AVE. CLEARWATER FL 33755-4035

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
611 Druid Road East		611 Druid Road East	
Suite, Apt. #, etc.: Unit 511		Suite, Apt. #, etc.: Unit 511	
City & State: Clearwater , FL		City & State: Clearwater, FL	
Zip: 33756	Country: USA	Zip: 33756	Country: USA

4. FEI Number 59-1908928 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRAUER, SCOTT A.
33 N. FT. HARRISON AVE.
CLEARWATER FL 34615

7. Name and Address of New Registered Agent

Name

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

611 Druid Road East, Unit 511

City Clearwater FL Zip Code 33756

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (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	PST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BRAUER, SCOTT A.		NAME	
STREET ADDRESS	740 S. FLA. AVE		STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BRAUER, SCOTT A.		NAME	
STREET ADDRESS	740 S. FLA. AVE.		STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (9/99)

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] SIGNATURE REQUIRED Scott A. Brauer 01/20/00 (727) 446-7129

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