

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90027 014 ***150.00

DOCUMENT # 830862

1. Entity Name

G.A. BRAUN, INC.

Principal Place of Business

Mailing Address

461 EAST BRIGHTON AVE.
 DRAWER 70, COLVIN STATION
 SYRACUSE NY 13205

461 EAST BRIGHTON AVE.
 DRAWER 70, COLVIN STATION
 SYRACUSE NY 13205-0070

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

15-0508635

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAYER, ANDY
6250 N.W. 27TH WAY
FT. LAUDERDALE FL 33309

Name **Dennis Battistella**

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

6250 N.W. 27th Way

Ft. Lauderdale, FL 33309

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

Dennis Battistella

1/24/2000

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	D	<input type="checkbox"/> Delete
NAME	WERNER, ERIN	
STREET ADDRESS	461 E BRIGHTON AVE	
CITY-ST-ZIP	SYRACUSE NY 13205	
TITLE	V	<input type="checkbox"/> Delete
NAME	BABIARZ, HANK E	
STREET ADDRESS	461 E BRIGHTON AVE	
CITY-ST-ZIP	SYRACUSE NY 13205	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WERNER, JB	
STREET ADDRESS	461 EAST BRIGHTON AVE	
CITY-ST-ZIP	SYRACUSE NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEWIS, DENNIS	
STREET ADDRESS	461 E BRIGHTON AVE	
CITY-ST-ZIP	SYRACUSE NY	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	BREGANDE, STEPHEN M	
STREET ADDRESS	461 EAST BRIGHTON AVE	
CITY-ST-ZIP	SYRACUSE NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	CLARK, DAVID	
STREET ADDRESS	461 E BRIGHTON AVE	
CITY-ST-ZIP	SYRACUSE NY 13205	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis Lewis **DENNIS Lewis**

Date

1/25/00

Daytime Phone #

DUU14J01



DO NOT WRITE IN THIS SPACE