2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State
02-15-2001 90019 033 ***150.00

0057488

DOCUMENT # K69621

1. Entity Name
BURTON BRASWELL MIDDLEBROOKS ASSOCIATES, INC.

C0021419

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~950 N ORLANDO AVE~~ ~~SUITE 330~~ ~~WINTER PARK FL 32789~~ US	~~950 N ORLANDO~~ AVE ~~SUITE 330~~ ~~WINTER PARK FL 32789~~ US

2. Principal Place of Business	3. Mailing Address
1912 BootheCircle	1912 Boothe Circle
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.: Suite 100
City & State: Longwood, FL	City & State: Longwood, FL
Zip: 32750 Country:	Zip: 32750 Country:

4. FEI Number 59-2935401 ☐ 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
BURTON, GARY L ~~950 N. ORLANDO AVE., #330~~ 1912 Boothe Circle ~~WINTER PARK FL 32789~~ Suite 100 Longwood, FL. 32750	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 _____
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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD BURTON, GARY L. ~~950 N. ORLANDO AVE SUITE 330~~ ~~WINTER PARK FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1912 Boothe Circle Suite 100 Longwood, FL. 32750	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD BRASWELL, WILLIAM R. ~~950 N. ORLANDO AVE SUITE 330~~ ~~WINTER PARK FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	"	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ~~MIDDLEBROOKS, JR. J R~~ ~~950 N. ORLANDO AVE SUITE 330~~ ~~WINTER PARK FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	"	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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: _____ Gary L. Burton 2.6.01 (407) 645-3423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #