

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90353 030 \*\*\*150.00

**A0070670**

**DOCUMENT #** P00000011612  
**1. Entity Name**  
 RIGHT CLICK OF BRANDON, INC.

**Principal Place of Business**      **Mailing Address**  
 509 FAIRMONT DR      609 FAIRMONT DR  
 BRANDON FL 33511      BRANDON FL 33511

**2. Principal Place of Business**      **3. Mailing Address**  
 609 FAIRMONT DR      609 FAIRMONT DR  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**  
 BRANDON FL      BRANDON FL  
**Zip**      **Country**      **Zip**      **Country**  
 33511      HILLSBOROUGH      33511      HILLSBOROUGH

**4. FEI Number**      **Applied For**  
 59-3623570       Not Applicable  
**5. Certificate of Status Desired**       **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**8. Name and Address of Current Registered Agent**  
 CHRISTOPHER J. MARTIN  
 609 FAIRMONT DR  
 BRANDON FL 33511

**7. Name and Address of New Registered Agent**  
**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**City**      **FL**      **Zip Code**

**9. 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** *Christopher J. Martin*      **DATE** 4-30-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

**1. OFFICERS AND DIRECTORS**

<b>TITLE</b> PRESIDENT	<input type="checkbox"/> Delete
<b>NAME</b> CHRISTOPHER J. MARTIN	
<b>STREET ADDRESS</b> 609 FAIRMONT DR. BRANDON FL 33511	
<b>TITLE</b> VICE-PRESIDENT	<input type="checkbox"/> Delete
<b>NAME</b> STEPHANIE MARTIN	
<b>STREET ADDRESS</b> 609 FAIRMONT DR BRANDON FL 33511	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	

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:** *Stephanie K. Martin*      **DATE:** 4-30-01      **DAYTIME PHONE #:** 813-789-8308  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2034 (10/00)