

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

0417797 AV

02-17-2002 90053 014 ***150.00

DOCUMENT # P00000011612

1. Entity Name
RIGHT CLICK OF BRANDON, INC.

Principal Place of Business

~~600 FAIRMONT DR.~~
~~BRANDON FL 33511~~

Mailing Address

~~600 FAIRMONT DR.~~
~~BRANDON FL 33511~~

2. Principal Place of Business

4317 Arley Place

Suite, Apt. #, etc.

3. Mailing Address

4317 Arley Place

Suite, Apt. #, etc.

City & State

Valrico, FL

City & State

Valrico, FL

4. FEI Number

59-3623570

Applied For

Not Applicable

Zip

33594

Country

USA

Zip

33594

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, CHRISTOPHER J
~~600 FAIRMONT DR.~~
~~BRANDON FL 33511~~

7. Name and Address of New Registered Agent

Name **Martin, Christopher J.**
 Street Address (P.O. Box Number is Not Acceptable) **4317 Arley Place**
 City **Valrico** FL Zip Code **33594**

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

Christopher J. Martin

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-1-02

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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	MARTIN, CHRISTOPHER J	
STREET ADDRESS	600 FAIRMONT DR	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARTIN, STEPHANIE	
STREET ADDRESS	600 FAIRMONT DR	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martin, Christopher J.	
STREET ADDRESS	4317 Arley PL.	
CITY-ST-ZIP	Valrico, FL 33594	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martin, Stephanie K.	
STREET ADDRESS	4317 Arley PL.	
CITY-ST-ZIP	Valrico, FL 33594	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Stephanie K. Martin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-02 813-789-8302

Date

Daytime Phone #

CR2E034 (9/01)