

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90082 039 ***150.00

DOCUMENT # P94000002449

1. Entity Name
BROOKS & SHOREY, INC.



Principal Place of Business
**43 MIRACLE STRIP PKWY.
FORT WALTON BEACH FL 32548**

Mailing Address
**43 MIRACLE STRIP PKWY. SE
FORT WALTON BEACH FL 32548
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3220579**

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

**SMITH, WALTER J
25 WALTER MARTIN ROAD, N.E.
FORT WALTON BEACH FL 32548**

Name **Ronald J Shorey**
Street Address (P.O. Box Number is Not Acceptable)
**43 miracle strip pkwy 1 SW
Fort Walton Beach, FL**
City **FL** Zip Code **32548**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ronald J Shorey* **Ronald J Shorey Pres Sec Treas** **1-2-03**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P** ☒ Delete
NAME **BROOKS, W. EDESL**
STREET ADDRESS **501 W. FIRST STREET**
CITY-ST-ZIP **CRESTVIEW FL 32536**

TITLE **PSTD** ☒ Change ☒ Addition
NAME **Ronald J Shorey**
STREET ADDRESS **43 miracle strip pkwy SW**
CITY-ST-ZIP **Fort Walton Beach, FL 32548**

TITLE **D** ☒ Delete
NAME **SHOREY, RONALD J**
STREET ADDRESS **20 HEMLOCK DRIVE NW**
CITY-ST-ZIP **FT. WALTON BEACH FL 32548**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ronald J Shorey* **Ronald J Shorey Pres Sec Treas** **1-2-03**
Signature and typed or printed name of signing officer or director **850-244-2121**

Date Daytime Phone #

CR2E034 (10/02)