

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000014649

1. Entity Name
BROUNLEY ASSOCIATES, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90873 005 ***158.75

Principal Place of Business 7887 BRYON DAIRY RD. SUITE 105 LARGO FL 33777 US	Mailing Address 7887 BRYON DAIRY RD. SUITE 105 LARGO FL 33777-1452 US
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
---	---

4. FEI Number **59-3265583** Applied For
Not Applicable

Zip	Country	Zip	Country
-----	---------	-----	---------

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ROWE, JAMES C
100 2ND AVE S
SUITE 400N
ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent
Name **Ed Carlson /o Carlson + Musner**
Street Address (P.O. Box Number is Not Acceptable)
250 Belcher Rd North, Suite 102
City **Clearwater** FL Zip Code **33767**

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 _____ (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	
TITLE DCEO	<input type="checkbox"/> Delete
NAME TOMPS, LEON H TOUPS	
STREET ADDRESS 7887 BRYON DAIRY RD., STE. 105	
CITY-ST-ZIP LARGO FL 33777	
TITLE DV	<input checked="" type="checkbox"/> Delete
NAME CLANCY, MARK	
STREET ADDRESS 7887 BRYON DAIRY RD., SUITE 105	
CITY-ST-ZIP LARGO FL 33777	
TITLE VP	<input checked="" type="checkbox"/> Delete
NAME BROUNLEY, RICHARD W	
STREET ADDRESS 7381 114TH AVE N, #409	
CITY-ST-ZIP LARGO FL	
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 VP UP General Manager	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Rappa, Phil	
STREET ADDRESS 7887 Bryon Dairy Rd	
CITY-ST-ZIP Largo, FL 33777	
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	
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: Leon Toups, Dir. 1/7/00 727-548-0918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/99)