2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90051 001 ***150.00

DOCUMENT # P98000013454

1. Entity Name

BRACKEN-KIRCHNER INTERIORS, INC.

Principal Place of Business	Mailing Address
14 OLD POST RD. LONGWOOD FL 32779	14 OLD POST RD. LONGWOOD FL 32779-3035

[redacted]

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-3489116 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KIRCHNER, WILLIAM H
14 OLD POST RD.
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name: Laura Kirchner
Street Address (P.O. Box Number is Not Acceptable): 14 Old Post Rd.
City: Longwood FL Zip Code: 32779

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 Laura Kirchner (signature) Laura Kirchner 4/29/02
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, 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	PD	☐ Delete
NAME	KIRCHNER, LAURA	
STREET ADDRESS	14 OLD POST ROAD	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	☒ Delete
NAME	KIRCHENR, WILLIAM H	
STREET ADDRESS	14 OLD POST ROAD	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. [illegible] that the information supplied with this filing does not qualify for the exemption stated in Section [illegible] indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal [illegible] of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and [illegible] changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Laura Kirchner (signature) Laura Kirchner 4/29/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR