

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90446 005 ***150.00

04/26/76 AV

DOCUMENT # V15718

1. Entity Name

THE BROOKS LAW FIRM, P.A.

Group

N/c

AM

Principal Place of Business

**340 FIRST STREET SOUTH
WINTER HAVEN FL 33880**

Mailing Address

**340 FIRST STREET SOUTH
WINTER HAVEN FL 33880**

2. Principal Place of Business

123 First Street North

Suite, Apt. #, etc.

3. Mailing Address

123 First Street North

Suite, Apt. #, etc.

City & State

Winter Haven, FL

Zip

33881

Country

Polk

City & State

Winter Haven, FL

Zip

33881

Country

Polk

4. FEI Number

59-3110169

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BROOKS, STEPHEN K.

340 FIRST STREET SOUTH

WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

Name

Stephen K. Brooks

Street Address (P.O. Box Number is Not Acceptable)

123 First Street North

City

Winter Haven

FL

Zip Code

33881

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

Signature, type, 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. ☐

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 **D** ☐ Delete
NAME **BROOKS, STEPHEN K.**
STREET ADDRESS **340 FIRST STREET SOUTH**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **D** ☐ Delete
NAME **BROOKS, BEACH A**
STREET ADDRESS **340 FIRST STREET SOUTH**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 **123 First Street North**
CITY-ST-ZIP **Winter Haven, FL 33881**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **123 First Street North**
CITY-ST-ZIP **Winter Haven, FL 33881**

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TITLE ☐ Change ☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/02

Date

Daytime Phone #

CR2E034 (9/01)