## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P9400000342** Apr 04, 2000 8:00 am Secretary of State BROUGHTON INTERNATIONAL INC. 04-04-2000 90086 005 \*\*\*150.00 Principal Place of Business Mailing Address P O BOX 3342 3900 9TH ST N 100 SECOND STREET, N. ST PETE FL 33731-3342 ST PETE FL 33703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3217006 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **BROUGHTON, JAMES** Street Address (P.O. Box Number is Not Acceptable) 3900 9TH ST N ST PETERSBURG FL 33703 Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) $\Box$ Make Check Payable to Department of State OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition PD ☐ Change ☐ Delete TITLE TITLE BROUGHTON, JAMES E NAME NAMÉ STREET ADDRESS STREET ADDRESS 3900 9TH ST N CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL Addition ☐ Delete ☐ Change TITLE TITLE BROUGHTON, KAY T NAME NAME STREET ADDRESS STREET ADDRESS 3900 9TH ST N CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL ☐ Delete Addition TITLE ☐ Change TITLE BROUGHTON, MARK D NAME NAME STREET ADDRESS STREET ADDRESS 3900 9TH ST N CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL ☐ Addition ☐ Delete TITI E ☐ Change TITLE BROUGHTON, JAMES E JR. NAME NAME STREET ADDRESS STREET ADDRESS 3900 9TH ST N CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE DELUCIA, BROOKE B NAME NAME STREET ADDRESS STREET ADDRESS 3900 9TH ST N CITY-ST-7IP CITY-ST-ZIP ST PETERSBURG FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME **BROUGHTON, MATTHEW S** NAME STREET ADDRESS STREET ADDRESS 3900 9TH ST N CITY-ST-ZIP ST PETERSBURG FL 13. Thereby 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.

Daytime Phone #

(A) TO THE TO TH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: