

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 410988

1. Entity Name

JOE BROOKS, REALTY, INC.

FILED

Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90438 038 ***150.00

Principal Place of Business

431 E GOVERNMENT ST
PENSACOLA FL 32501

Mailing Address

431 E GOVERNMENT ST
PENSACOLA FL 32501

929413



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

985 Rock Island Place

Suite, Apt. #, etc.

3. Mailing Address

985 Rock Island Place

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

4. FEI Number

59-1422755

Applied For

Not Applicable

Zip

32505-2417

Country

Escambia

Zip

32505-2417

Country

Escambia

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

BROOKS, JOSEPH F
431 E GOVERNMENT ST
PENSACOLA FL 32501

Name

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

985 Rock Island Place

City

Pensacola

FL

Zip Code

32505-2417

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, 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
BROOKS, JOSEPH F
431 E. GOVERNMENT STREET
PENSACOLA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
985 Rock Island Place
Pensacola, FL 32505-2417 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH F. BROOKS

Date

Daytime Phone #

CR2E034 (10/00)