

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 482709

1. Entity Name
BRUNSON-TRAWICK, INC.

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90031 024 ***150.00

Principal Place of Business
**170 BLOXHAM AVE
ORANGE CITY FL 32763
US**

Mailing Address
**170 BLOXHAM AVE
ORANGE CITY FL 32763
US**

2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-1615314**

Applied For
Not Applicable

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

**-TRAWICK, BENJAMIN E
2602 SHIPROCK CT
DELTONA FL 32738**

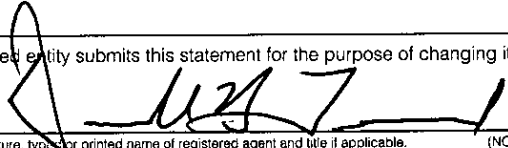
Name **DONALD B. TRAWICK**

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

206 N. STARK AVE.

City **ORANGE CITY FL** Zip Code **32763**

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

4/26/01

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 ☐ Delete
NAME **PD**
STREET ADDRESS **TRAWICK, BENJAMIN E**
CITY-ST-ZIP **2602 SHIPROCK CT
DELTONA FL 32738**

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

TITLE ☐ Delete
NAME **VDS**
STREET ADDRESS **TRAWICK, BEN, JR**
CITY-ST-ZIP **5941 TALAVERA ST
ORLANDO FL 32807**

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

TITLE ☐ Delete
NAME **VDT**
STREET ADDRESS **TRAWICK, DONALD B.**
CITY-ST-ZIP **206 STARK AVE
ORANGE CITY FL 32763**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/01 (904) 774-1230

CR2E034 (10/00)