

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 30, 2000 08:00 AM****Secretary of State****DOCUMENT # 552329**1. Entity Name  
**MENKE & COMPANY**

## Principal Place of Business

360 CENTRAL AVE

ST PETE

33701

FL

US

## Mailing Address

PO BOX 15707

ST PETERSBURG

33733

US

FL

## 2. Principal Place of Business

Suite, Apt. #, etc.

## City &amp; State

Zip

Country

## 3. Mailing Address

Suite, Apt. #, etc.

## City &amp; State

Zip

Country

## 4. FEI Number

**59-1887279**

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

DELANO KRISTIN G

360 CENTRAL AVE

ST. PETE

33701

FL

US

## 7. Name and Address of New Registered Agent

Name

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

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**03/30/2000**

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 V ☐ Delete  
NAME BRUBAKER RICHARD M  
STREET ADDRESS 360 CENTRAL AVE  
CITY-ST-ZIP ST. PETE FLTITLE PDST ☐ Delete  
NAME MENKE, R.M.  
STREET ADDRESS 360 CENTRAL AVE  
CITY-ST-ZIP ST. PETERSBURG FLTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☒ Change ☐ Addition  
NAME BRUBAKER RICHARD M  
STREET ADDRESS 360 CENTRAL AVE  
CITY-ST-ZIP ST. PETE FL 33701TITLE ☒ Change ☐ Addition  
NAME MENKE ROBERT M  
STREET ADDRESS 360 CENTRAL AVE  
CITY-ST-ZIP ST. PETERSBURG FL 33701TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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: ROBERT M. MENKE

PDST 03/30/2000