

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 568548

1. Entity Name

O.B. BROOKS & SONS GRASSING, INC.

FILED

00 JUN -9 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

230 SE HWY 41
P O BOX 848
WILLISTON FL 32696
US

Mailing Address

US 41 S
P O BOX 848
WILLISTON FL 32696-0848
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1827988

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

BROOKS, BURKE E
US 41 S 4 MILES
WILLISTON FL 32696

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME BROOKS, BURKE
STREET ADDRESS PO BOX N/A
CITY-ST-ZIP WILLISTON FL

TITLE VD ☐ Delete
NAME BROOKS, RICHARD T
STREET ADDRESS RT 4 BOX 1208
CITY-ST-ZIP WILLISTON FL

TITLE ST ☐ Delete
NAME BROOKS, JETTIE G
STREET ADDRESS PO BOX N/A
CITY-ST-ZIP WILLISTON FL

TITLE AST ☒ Delete
NAME COLSON, LORI B.
STREET ADDRESS 6850 SE 123 TERR
CITY-ST-ZIP MORRISTON FL 32668

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
400003291584--1
-06/15/00--01067--020
****150.00 ****150.00
☐ Change ☐ Addition

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

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

TITLE ☐ Change ☒ Addition
NAME AST
STREET ADDRESS Hedding, Michelle M.
CITY-ST-ZIP 15750 NE 1st St.
Williston, FL 32696

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

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 of Signer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-5-2000 352-5286966
Date Daytime Phone #

156/15:00:15/99

O.B. Brooks
ESONS
GRASSING
Williston Fla.

P.O. BOX 848 • 4 MILES SOUTH ON U.S. 41 • WILLISTON, FLORIDA 32696

(904) 528-6966 • FAX (904) 528-3535
352 352

May 6, 2000

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Dear Sirs:


I respectfully request a waiver of the late charge.

Our Assistant Secretary Treasurer resigned unexpectedly in February 2000 and inadvertently filed the renewal without action.

It was discovered this date by our CPA's performing our annual taxes and audit.

Rest assured this will not happen again and would appreciate your consideration of this request.

Sincerely,



Burke E. Brooks
President