

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

0451425
 AV

DOCUMENT # 606145

1. Entity Name

BRACY ENTERPRISES, INC.

03-13-2002 90043 034 ***150.00

Principal Place of Business

P.O BOX 10806

ST. PETERSBURG FL 33733

Mailing Address

P.O BOX 10806

ST. PETERSBURG FL 33733



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P. O. BOX 667

Suite, Apt. #, etc.

3. Mailing Address

P. O. BOX 667

Suite, Apt. #, etc.

City & State

Indian Rocks Beach, FL

City & State

Indian Rocks Beach, FL

4. FEI Number

59-1868888

Applied For

Not Applicable

Zip

33785

Country

US

Zip

33785

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WATSON, JOHN E

5833 27TH STREET SOUTH

ST PETERSBURG FL 33712

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)

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, 2002 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 **ST** ☐ Delete
 NAME **GROVER, NANCY**
 STREET ADDRESS **8219 101 CT N**
 CITY-ST-ZIP **LARGO FL 33777**

TITLE **P** ☐ Delete
 NAME **GROVER, BRADFORD**
 STREET ADDRESS **8219 101 CT N**
 CITY-ST-ZIP **LARGO FL 33777**

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Nancy Grover
 NANCY GROVER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/02 (727)393-9946

Date Daytime Phone #

CR2E034 (9/01)