

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91208 041 ***150.00

DOCUMENT # 687086

1. Entity Name
BROOKS REAL ESTATE, INC.

Principal Place of Business
5901 SUN BOULEVARD, #105
ST. PETERSBURG FL 33715

Mailing Address
5901 SUN BOULEVARD, #105
ST. PETERSBURG FL 33715

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 **59-2021024**

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

7. Name and Address of New Registered Agent

SEEKS, AMY K
5901 SUN BLVD
#105
ST. PETERSBURG FL 33715

Name **SUTTER, DONNA M**
Street Address (P.O. Box Number is Not Acceptable) **5901 SUN BLVD #105**
City **ST PETERSBURG** **FL** **Zip Code** **33715**

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 *Donna M Sutter*

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

(NOTE: Registered Agent signature required when reinstating).

DATE **5/28/02**

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☒ **Delete**
NAME **SEEKS, AMY**
STREET ADDRESS **5901 SUN BOULEVARD #105**
CITY-ST-ZIP **ST PETERSBURG FL 33715**

TITLE **PS** ☒ **Change** ☐ **Addition**
NAME **SUTTER, DONNA M**
STREET ADDRESS **5901 SUN BLVD #105**
CITY-ST-ZIP **ST PETERSBURG FL 33715**

TITLE **T** ☒ **Delete**
NAME **SUTTER, DONNA M**
STREET ADDRESS **5901 SUN BOULEVARD #105**
CITY-ST-ZIP **ST PETERSBURG FL 33715**

TITLE **VP** ☒ **Change** ☐ **Addition**
NAME **CAVANAUGH, PATRICIA**
STREET ADDRESS **5901 SUN BLVD #105**
CITY-ST-ZIP **ST PETERSBURG FL 33715**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
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:

Donna M Sutter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/02
Date

727-867-0161
Daytime Phone #

CR2E034 (9/01)