

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

07-17-2002 90123 039 \*\*\*550.00

**DOCUMENT # 830862**

1. Entity Name  
**G.A. BRAUN, INC.**



Principal Place of Business  
**461 EAST BRIGHTON AVE.  
DRAWER 70. COLVIN STATION  
SYRACUSE NY 13205**

Mailing Address  
**461 EAST BRIGHTON AVE.  
DRAWER 70. COLVIN STATION  
SYRACUSE NY 13205**



DO NOT WRITE IN THIS SPACE

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 **15-0508635**

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

**BATTISTELLA, DENNIS  
6250 N.W. 27TH WAY  
FT. LAUDERDALE FL 33309**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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 **D** ☐ Delete  
NAME **WERNER, ERIN**  
STREET ADDRESS **461 E BRIGHTON AVE**  
CITY-ST-ZIP **SYRACUSE NY 13205**

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

TITLE **V** ☐ Delete  
NAME **BABIARZ, HANK E**  
STREET ADDRESS **461 E BRIGHTON AVE**  
CITY-ST-ZIP **SYRACUSE NY 13205**

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

TITLE **VD** ☐ Delete  
NAME **WERNER, JB**  
STREET ADDRESS **461 EAST BRIGHTON AVE**  
CITY-ST-ZIP **SYRACUSE NY**

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

TITLE **V** ☐ Delete  
NAME **LEWIS, DENNIS**  
STREET ADDRESS **461 E BRIGHTON AVE**  
CITY-ST-ZIP **SYRACUSE NY**

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

TITLE **PCEO** ☐ Delete  
NAME **BREGANDE, STEPHEN M**  
STREET ADDRESS **461 EAST BRIGHTON AVE**  
CITY-ST-ZIP **SYRACUSE NY**

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

TITLE **V** ☐ Delete  
NAME **CLARK, DAVID**  
STREET ADDRESS **461 E BRIGHTON AVE**  
CITY-ST-ZIP **SYRACUSE NY 13205**

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/8/02 315-475-3123**  
Date Daytime Phone #

CR2E034 (4/02)