

2002 UNIFORM BUSINESS REPORT (UBR)

0094009 AV

DOCUMENT # F00000002059

1. Entity Name
BRALEY & THOMPSON, INC.

FILED

02 MAR -4 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2273 LEE ROAD, SUITE 200
WINTER PARK FL 32789

Mailing Address
P.O. BOX 4961
ORLANDO FL 32802



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

55-0590179

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

B&C CORPORATE SERVICES OF CENTRAL FL., INC
390 NORTH ORANGE AVENUE, SUITE 1100
ORLANDO FL 32801

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
PYATT, CHARLES
200 MAIN STREET
ST. ALBANS WV 25117

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
600005112576
-03/18/02--01025--029
****158.75 ****158.75

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
RECKNAGEL, BARBARA
200 MAIN STREET
ST. ALBANS WV 25117

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
WHITE, TIMOTHY
200 MAIN STREET
ST. ALBANS WV 25117

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Timothy White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy White, Director

Date

2/19/02 (304) 722-0474
Daytime Phone #

CR2E034 (9/01)