## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Jan 12, 2000 8:00 am **DOCUMENT # F15358 Secretary of State** 1. Entity Name B & R INDUSTRIES, INC. INT. 01-12-2000 90018 042 \*\*\*158.75 Principal Place of Business Mailing Address P.O. BOX 10293 201 S.W. 6TH ST. POMPANO BEACH FL 33060 POMPANO BEACH FL 33061-6293 2. Principal Place of Business 242 5W 5<sup>th</sup> 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2058657 Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAMSON, RANDY Street Address (P.O. Box Number is Not Acceptable) 580 SE 13 CT. POMPANO BEACH FL 33060 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITI F Change ☐ Delete TITLE NAME WILLIAMSON, RANDALL W STREET ADDRESS STREET ADDRESS 580 S.E. 13TH COURT CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33060 TITLE ☐ Change ☐ Delete TITLE WILLIAMSON, TOLEIHA L NAME NAME STREET ADDRESS STREET ADDRESS 580 S.E. 13TH COURT CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33060 . Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \_ · · · · · · ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ ..... ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP D ..... ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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