

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90126 017 \*\*\*150.00

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**DOCUMENT # G20267**

1. Entity Name  
**BRAMA ENTERPRISES, INC.**

Principal Place of Business  
**4000 71ST STREET NORTH  
 SAINT PETERSBURG FL 33709**

Mailing Address  
~~2001 70 AVENUE SOUTH~~  
**C/O ALAN BALL**  
~~ST. PETERSBURG FL 33712-5630~~



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**4000 71st STREET NORTH**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State		City & State <b>ST. PETERSBURG</b>		4. FEI Number <b>59-2484810</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		<b>FL 33709</b>	<b>USA</b>		

6. Name and Address of Current Registered Agent  
**BALL, ALAN**  
**2001 70 AVENUE SOUTH**  
**ST. PETERSBURG FL**

7. Name and Address of New Registered Agent  
 Name **ALAN BALL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4000 71st STREET NORTH**  
 City **ST PETERSBURG** FL Zip Code **33709**

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]* (ALAN BALL) PRESIDENT DATE **4-5-02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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	PD BALL, ALAN 2001 70 AVENUE SO. ST. PETERSBURG FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BALL ALAN 6901 SUNSET WAY ST. PETE BEACH FL 33706 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* (ALAN BALL) DATE **4-5-02** DAYTIME PHONE # **(727) 458-6720**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)