

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G43662

1. Entity Name

BRASHER COMMERCIAL CONSULTANTS, INC.

Principal Place of Business

% C. JOHN BRASHER  
6709 RIDGE RD., STE 200  
PORT RICHEY FL 34668

Mailing Address

4113 STAR ISLAND DR  
~~6709 RIDGE RD., STE 200~~  
HOLIDAY FL 34691-3464  
US

2. Principal Place of Business

~~4113 Star Island Dr.~~ 2739 US Hwy 19

3. Mailing Address

4113 Star Island Dr.

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Holiday, Fla.

City & State

Holiday, Fla.

City & State

Holiday, Fla.

Zip

34691

Country

Pasco

Zip

34691

Country

Pasco

6. Name and Address of Current Registered Agent

BRASHER, C. JOHN  
4113 STAR ISLAND DR  
~~4113 Star Island Dr.~~  
HOLIDAY FL 34691

7. Name and Address of New Registered Agent

Name C. John Brasher

Street Address (P.O. Box Number is Not Acceptable)

4113 Star Island Dr.

City

Holiday

FL

Zip Code

34691

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

*C. John Brasher*

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, 2000 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	BRASHER, C JOHN	
STREET ADDRESS	4113 STAR ISLAND DRIVE	
CITY-ST-ZIP	HOLIDAY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 22, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90038 025 \*\*\*150.00

80005926



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2299451

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

CR2E034 (9/99)