

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H17240

1. Entity Name

THE BRONZE LADY, INC.

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90027 015 ***150.00

Principal Place of Business

12957 GULF BLVD. EAST
MADEIRA BEACH FL 33708

Mailing Address

12957 VILLAGE BLVD
MADEIRA BEACH FL 33708-2656

2. Principal Place of Business

12957 Village Boulevard

3. Mailing Address

Suite, Apt. #, etc.

City & State

Madira Beach, FL

City & State

4. FEI Number

59-2439926

Applied For

Not Applicable

Zip

33708

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEYERS, TARA
9403 ARBOL CT
LARGO FL 33773

7. Name and Address of New Registered Agent

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, 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 PD
NAME BRAWNER, LYND'L K.
STREET ADDRESS 24140 POWELL RD
CITY-ST-ZIP BROOKSVILLE FL 34602

☐ Delete

TITLE M
NAME BENZ, ROBERT
STREET ADDRESS 8235 127TH LANE N
CITY-ST-ZIP SEMINOLE FL

☒ Delete

TITLE V
NAME MEYERS, TARA
STREET ADDRESS 9403 ARBOL CT
CITY-ST-ZIP LARGO FL 33773

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 3/20/00
Date

✓ 727-398-5994
Daytime Phone #

CR2E034 (9/99)