DOCUN 1. Entity Name	UNIFORM BUS AENT # H31634 Ses of Brandon, INC.		ORT (UBR)		Apr 30, 20 Secretar	LED 001 8:00 y of Sta 070 036 ***150		
Principal Place of Business 212 OAKFIELD DR. P O BOX 2564 BRANDON FL 33511-5707		Mailing Address 212 OAKFIELD DR. P O BOX 2564 BRANDON FL 33511-5707					11 81810 1881	
2. Principal Piace of Business		3. Mailing Address						
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.		4. FEI			oplied For	
Zip Country		Zip Country			Number 59-2463545	□ \$8.75 Add	ot Applicable ditional	
	6. Name and Address of Curren	nt Registered Agent			ne and Address of New Reg	Fee Require	:d	
BASS, JAMES M. 729 KENSINGTON LAKE CIRCLE BRANDON FL 33511			Name Street Addres	Name Street Address (P.O. Box Number is Not Acceptable)				
סתאוי	1004 FL 33511		City			Zp Coc	ie	
Tax filing r	ration is eligible to satisfy its Intangit equirement and elects to do so. ia on back)	After MAY 1, 2	/III FEE IS \$150.00 2001 Fee will be \$550.0 able to Department of \$ 12.	b State	 Election Campaign Finar Trust Fund Contribution. TIONS/CHANGES TO OFFIC	Adde	DO May Be d to Fees	
TITLE NAME STREEF ADDRESS CITY - ST - ZIP	PTD BASS, JAMES M. 729 KENSINGTON LAKE CIRC BRANDON FL 33571	Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP			Change	Additio^	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MITCHELL, CAROLYN BASS 2606 NORTH VIEW CT FLOWER MOUND TX 75022	🗔 Deiete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			🔲 Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		🗋 Delete	TITLE NAME STREET AODRESS C:TY-ST-ZI?			[1] Change	Addition	
TITLE NAME STREET ADDRESS CITY+ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST- ZIP			Change	Addition	
TITLE NAME STREET ADDRESS GITY - ST - ZIP		Deiete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	YITLE NAME STREET ADDRESS CITY-ST-ZIP			🗌 Change	🗌 Addition	
indicated of the co	certify that the information supplied of this report or supplemental report or supplemental report or trustee et a, or on an attachment with an addres	rt is true and accurate and the mpowered to execute this repo	at my signature shall have ort as required by Chapter	the same le 607, Florida	gal effect as if made under or a Statutes; and that my name	ith; that I am an offici	er or director	