

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90106 046 ***150.00

DOCUMENT # H59332

1. Entity Name

DEHAVEN-BRETT DESIGN & DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

~~220 ISLE DR~~
~~ST PETERSBURG FL 33706~~
 US

~~220 ISLE DR~~
~~ST PETERSBURG FL 33706-2749~~
 US

2. Principal Place of Business

3. Mailing Address

2603 PASS A GRILLE WAY
 Suite, Apt. #, etc.

2603 PASS A GRILLE WAY
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ST PETE BCH FL

City & State

ST PETE BCH FL

4. FEI Number

59-2536349

Applied For

Not Applicable

Zip

Country

33706

US

Zip

Country

33706

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEHAVEN, JAMES A

~~220 ISLE DRIVE~~

ST PETERSBURG FL 33706

Name

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

2603 PASS A GRILLE WAY

City

ST PETE BCH

FL

Zip Code

33706

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

James A DeHaven

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PTD DEHAVEN, JAMES A.**
 STREET ADDRESS ~~220 ISLE DR~~
 CITY-ST-ZIP **ST PETERSBURG BEACH FL 33706**

TITLE ☒ Change ☐ Addition
 NAME *additionally*
 STREET ADDRESS **2603 PASS A GRILLE WAY**
 CITY-ST-ZIP **ST PETE BCH FL 33706**

TITLE ☐ Delete
 NAME **VSD BRETT, JUDITH E.**
 STREET ADDRESS ~~220 ISLE DR~~
 CITY-ST-ZIP **ST PETERSBURG BEACH FL 33706**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2603 PASS A GRILLE WAY**
 CITY-ST-ZIP **ST PETE BCH FL 33706**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

James A DeHaven
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/00 727-360-2683