2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J47446

1. Entity Name



FILED Mar 05, 2003 8:00 am Secretary of State 03-05-2003 90032 045 ***150.00

ROBERT BRANHAM INC.						03-03-2003 900	32 043130).00	
Principal Pla 10206 NW 6 PLANTATION		10206 NV	Mailing Address 10206 NW 6 COURT PLANTATION FL 33324						
2. Principal	Place of Business	3. Mailing	Address						
Suite, Apt		Suite, A	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Sta	te	City & S	City & State			4. FEI Number 59-2776302 Applied For Not Applicable			
Zip Country		Zip	Zip Coun		5. Certificate of	Status Desired [\$8.75 Ac	ditional	
	6. Name and Address of Curr	ent Registered A	gent		7. Name and A	ddress of New Regis	·····		
				Name	Name				
	M, ROBERT V 6 COURT			Street Address	(P.O. Box Number i	P.O. Box Number is Not Acceptable)			
	10N FL 33324								
				City			FL Zip Co	de	
8. The above	e named entity submits this statementions of registered agent.	it for the purpose	of changing its reg	gistered office or regist	ered agent, or both,	in the State of Florida.	1	, and accept	
i He Obliga	tions of registered agent.)	
SIGNATURE.	Signature, typed or printed name of registered a	gent and title if applicable	e. (NOTE: Re	gistered Agent signature requir	red when reinstating)		DATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0				l l	on Campaign Financi	· — +	00 May Be	
Make Check	k Payable to Florida Departmen	t of State		11.					
TITLE	PD	AD DINECTORS	☐ Delete	TITLE	ADDITIONS/CF	HANGES TO OFFICER	S AND DIRECTOR Change	Addition	
NAME	BRANHAM, ROBERT			NAME	,		blidings	radition	
STREET ADDRESS CITY-ST-ZIP	10206 NW 6 CT. PLANTATION FL			STREET ADDRESS CITY-ST-ZIP					
TITLE			☐ Delete	TITLE			☐ Change	Addition	
NAME				NAME					
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		·	□ Delete	TITLE				Addition	
STREET ADDRESS				NAME STREET ADDRESS					
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TITLE	·	*****	☐ Delete	TITLE		1	☐ Change	☐ Addition	
NAME STREET ADDRESS :				NAME				[
CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP				1	
12. I hereby of indicated	certify that the information supplied von this report or supplemental report	vith this filing does t is true and accu	s not qualify for the trate and that my s	exemption stated in Signature shall have the	Section 119.07(3)(i), Fe same legal effect as	Florida Statutes. I furth	er certify that the i	nformation or director	

SIGNATURE:

changed, or on

954 370 1999

Daytime Phone #