

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L10750

1. Entity Name

EDWARD BROSNAN, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90154 006 \*\*\*150.00

Principal Place of Business

P.O. BOX 1301  
 BRANDON FL 33511  
 US

Mailing Address

C/O WALTER SANDERS  
 12910 N. DALE MABRY HWY., STE. ONE  
 TAMPA FL 33618-2806  
 US

2. Principal Place of Business

3. Mailing Address

*3355 Bears Ave*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*Tampa, Florida*

Zip

Country

Zip

Country

*33618*

4. FEI Number

65-0140345

Applied For

Not Applicable

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

SANDERS, WALTER  
 13910 N. DALE MABRY HWY.  
 STE. 1  
 TAMPA FL 33618

Name

*Walter Sanders*

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

*3355 Bears Avenue*

City

*Tampa*

FL

Zip Code

*33618*

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

*Walter Sanders*

*Walter Sanders*

*3/8/00*

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	P	<input type="checkbox"/> Delete
NAME	BROSNAN, IRENE	
STREET ADDRESS	407 APACHEE TRAIL	
CITY-ST-ZIP	BRANDON FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BROSNAN, IRENE	
STREET ADDRESS	407 APACHE TRAIL	
CITY-ST-ZIP	BRANDON FL	
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Irene Brosnan*

*4/27/2000*

*253-3608*

Date

Daytime Phone #