

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L32043

1. Entity Name

BROOK STREET INVESTMENTS, INC.

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90098 008 \*\*\*150.00

003751

Principal Place of Business Mailing Address  
2950 PASO DE VIVAZ 2950 PASO DE VIVAZ  
NAVARRE FL 32566 NAVARRE FL 32566

801955



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
3028 Paso De Vivaz 3028 Paso De Vivaz  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Navarre Florida Navarre, Florida  
Zip Country Zip Country  
32566 U.S.A. 32566 U.S.A.

4. FEI Number 59-2981005 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
DELSANTO, STEVEN D.  
2950 PASO DE VIVAZ  
NAVARRE FL 32566

7. Name and Address of New Registered Agent  
Name DEL SANTO, STEVEN D.  
Street Address (P.O. Box Number is Not Acceptable)  
3028 Paso De Vivaz  
City Navarre FL Zip Code 32566

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 *Steven D. DelSanto* President Steven D. DelSanto 10 Jun. 01  
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, 2001 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 | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | DELSANTO, STEVEN D. |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | 2950 PASO DE VIVAZ  |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | NAVARRE FL 32566    |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                     | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                     |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                     |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                     |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                     | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                     |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                     |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                     |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                     | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                     |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                     |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                     |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                     | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                     |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                     |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                     |                                 | 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: *Steven D. DelSanto* President Steven D. DelSanto 10 Jun 01. 850-939-5574  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)