

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90272 011 ***150.00

DOCUMENT # L32043

1. Entity Name
BROOK STREET INVESTMENTS, INC.



Principal Place of Business
**3028 PASO DE VIVOZ
NAVARRE FL 32566**

Mailing Address
**3028 PASO DE VIVOZ
NAVARRE FL 32566**



2. Principal Place of Business
8139 ESCOLA ST.
Suite, Apt. #, etc.

3. Mailing Address
8139 ESCOLA ST
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
NAVARRE FL.
Zip
32566 Country
USA

City & State
NAVARRE FL.
Zip
32566 Country
USA

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.
3028 PASO DE VIVOZ
NAVARRE FL 32566

7. Name and Address of New Registered Agent

Name **DELSANTO, STEVEN D.**
Street Address (P.O. Box Number is Not Acceptable)
8139 ESCOLA ST.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **DELSANTO, STEVEN D.**
STREET ADDRESS **2950 PASO DE VIVAZ**
CITY-ST-ZIP **NAVARRE FL 32566**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☐ Addition
NAME **DEL SANTO, STEVEN, D.**
STREET ADDRESS **8139 ESCOLA ST.**
CITY-ST-ZIP **Navarre, FL 32566**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 April 03
Date

850-291-9867
Daytime Phone #

CR2E034 (10/02)