## **2001 UNIFORM BUSINESS REPORT (UBR)**

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SIGNATURE:

## FILED Jan 26, 2001 8:00 am Secretary of State **DOCUMENT # N22119** 1. Entity Name BRAILLE INTERNATIONAL, INC. 01-26-2001 90057 035 \*\*\*\*70.00 Principal Place of Business Mailing Address 3290 SE SLATER STREET 3290 SE SLATER STREET STUART FL 34997 <del>-87aun</del>t fl 34997 2. Principal Place of Business 3. Mailing Address 3290 SE Slater St Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2412553 ruart Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BOYOWICZ Frederick Street Address (P.O. Box Number is Not Acceptable) BULL, GEOFFREY L. 3290 SE SLATER ST. tuart STUART FL 34997 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 Borowicz Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. President TITLE ☐ Delete Addition TITLE Change | Frederick H Borowicz THOMAS, WILLIAM A NAME NAME 3290 SE Slater St 3290 SE SLATER ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART FL 34997 CITY-ST-ZIP Stuart FL 34997 TITLE Delete TITLE Change **Addition** James F Redditt 3290-5 Esleter St BULL, GEOFFREY L NAME NAME STREET ADDRESS 3290 SE SLATER ST. STREET ADDRESS STUART FL 34997 CITY-ST-ZIP CITY-ST-ZIP 3749rx FL 34997 TITLE ☐ Delete TITLE ٧P **Addition** ☐ Change Phyllis H. Campana NAME TODZIA, DANIEL P NAME Jago se slater at STREET ADDRESS 3290 SE SLATER ST. STREET ADDRESS CITY-ST-ZIP STUART FL 34997 CITY-ST-ZIP Stuart FL 34997 TITLE ☐ Delete TITLE Addition Change scott Hearing NAME BRADEN, DAN NAME Jago SE Slater St STREET ADDRESS 3290 SE SLATER ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL 34997 5turry FL 34997 TITLE Delete TITLE ☐ Change SMITH, JOSEPH F NAME ted Mortell NAME 3290 SE Slater St STREET ADDRESS 3290 SE SLATER ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL 34997 Stuart FL 34997 TITLE ☐ Delete TITLE Addition ☐ Change NAME Roberts NAME STREET ADDRESS 90 SE slater St STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PL 3499 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an apprecs, with all other like empowered.

VP-Admin