

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90020 031 \*\*\*\*61.25

**DOCUMENT # N95000002511**



1. Entity Name

**BRATBALL, INC.**

Principal Place of Business

3542 66TH STREET NORTH  
 #502  
 SAINT PETERSBURG FL 33710  
 US

Mailing Address

POST OFFICE BOX 20592  
 ST. PETERSBURG FL 33742-0592

2. Principal Place of Business

5549 67th Avenue  
 Suite, Apt. #, etc.

Pinellas Park  
 City & State

Pinellas Park FL

Zip  
 33781

Country  
 USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3315147

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH, VINCENT**  
 3542 66TH STREET NORTH  
 #502  
 SAINT PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name Smith, Vincent  
 Street Address (P.O. Box Number is Not Acceptable)  
5549 67th Avenue  
 City Pinellas Park **FL** Zip Code 33781

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 Vincent Smith Vincent Smith Director 8/3/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, VINCENT	
STREET ADDRESS	3542 66TH STREET NORTH #502	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOOD, MARIA	
STREET ADDRESS	5728 CALAIS BLVD #3	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ACCETTA, DAWN	
STREET ADDRESS	2931 DARTMOUTH AVENUE N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIES, CHERYL	
STREET ADDRESS	7148 LOCUST STREET NE	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	D	<input type="checkbox"/> Delete
NAME	BANNER, BETH	
STREET ADDRESS	8790 53RD WAY NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STRAIGHT, MARIE	
STREET ADDRESS	200 82ND AVENUE AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE	O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Vincent	
STREET ADDRESS	5549 67th Avenue	
CITY-ST-ZIP	Pinellas Park FL 33781	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BT Jones	
STREET ADDRESS	4120 5th Avenue West	
CITY-ST-ZIP	Palmetto FL 34221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hughart, Karen	
STREET ADDRESS	6604 Blue Heron Dr S	
CITY-ST-ZIP	St. Petersburg FL 33707	

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 address, with all other like empowered.

SIGNATURE: Vincent Smith **8/3/00** 727-458-3398  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)