

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 90682 023 ***150.00

DOCUMENT # P00000024865

1. Entity Name
BRAWNER CARPET SERVICE, INC.

Principal Place of Business
 3314 HWY 27 SOUTH
 LAKE WALES FL 33853

Mailing Address
 P O BOX 707
 LAKE WALES FL 33853

2. Principal Place of Business
 1901 SR 60 WEST

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 LAKE WALES FL

City & State

4. FEI Number 59-3649052 **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent
 BRAWNER, JAMES W
 3314 HWY 27 SOUTH
 LAKE WALES FL 33853

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 1901 SR 60 WEST
 City LAKE WALES FL Zip Code 33859

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 *James W Brawler* **PRESIDENT** **5-21-02**
 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. ☒ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRAWNER, JAMES W		NAME		
STREET ADDRESS	2548 NURSERY ROAD		STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL 33853		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRAWNER, PATRICIA G		NAME		
STREET ADDRESS	2548 NURSERY ROAD		STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL 33853		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: *Patricia G Brawler* **PATRICIA G. BRAWNER** **5-21-02** **863-679-6446**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment 436778
Document #
P000000024865

May 21, 2002

Brawner Carpet Service, Inc.
FEI Number #59-3649052

To Whom It May Concern:

We apologize for the tardiness of this filing. The packet was misplaced during
our recent move.

Sincerely,

Patricia Brawner

Patricia Brawner
