FILED

## 2002 Uniform Business Report (UBR)

## Apr 11, 2002 8:00 am Secretary of State **DOCUMENT #** P00000113336 1. Entity Name 04-11-2002 90106 047 \*\*\*150 00 PAUNNY BRANDT REALTY AND PROPERTY MANAGEMENT, IN Principal Place of Business Mailing Address 532 W. FLORENCE AVE. 532 W. FLORENCE AVE. DELAND FL 32720 DELAND FL 32720 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 69-3686084 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 😁 🔲 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRANDT, PAULINE S Street Address (P.O. Box Number is Not Acceptable) 532 W. FLORENCE AVE. **DELAND FL 32720** Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) ☐ Change TITLE PST ☐ Delete TITLE ☐ Addition **BRANDT, PAULINE \$** NAME NAME 532 W. FLORENCE AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELAND FL 32720 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TIBLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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