

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000002654

1. Entity Name

BREWTON, PLANTE & PLANTE, P.A.

FILED

02 FEB -1 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

225 S ADAMS ST. STE 250
TALLAHASSEE FL 32301

Mailing Address

225 S ADAMS ST. STE 250
TALLAHASSEE FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3690259

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BREWTON, WILBUR E ESQ
225 S ADAMS ST, STE 250
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

(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.
(See criteria on back)

☐

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
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME BREWTON, WILBUR E
STREET ADDRESS 225 S ADAMS ST, STE 250
CITY-ST-ZIP TALLAHASSEE FL 32301

☐ Delete

TITLE DT
NAME PLANTE, KELLY B
STREET ADDRESS 225 S ADAMS ST, STE 250
CITY-ST-ZIP TALLAHASSEE FL 32301

☐ Delete

TITLE DS
NAME PLANTE, KENNETH J
STREET ADDRESS 225 S ADAMS ST, STE 250
CITY-ST-ZIP TALLAHASSEE FL 32301

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TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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****150.00 ****150.00

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

Kelly B. Plante, Director/Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/02 850 222-7718

CR2E034 (9/01)