

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90104 046 ***158.75

DOCUMENT # P01000009155

1. Entity Name

BROTHERS COMPUTER SOLUTIONS, INC.



Principal Place of Business

**1775 S FLETCHER AVE
FERNANDINA BEACH FL 32034**

Mailing Address

**1417 SADLER ROAD #345
FERNANDINA BEACH FL 32034**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

2398 Sadler Rd

Suite, Apt. #, etc.

3. Mailing Address

2398 Sadler Rd

Suite, Apt. #, etc.

City & State

Fernandina Beach FL

City & State

Fernandina Beach FL

Zip

32034

Country

Nassau

Zip

32034

Country

Nassau

4. FEI Number

59-3695712

Applied For

☐ Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TAYLOR, DEBORAH W ATTY
3749 ST. JOHN'S AVE.
JACKSONVILLE BEACH FL 32205**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.



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

10. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ Delete
NAME **FRYE, ROBERT L**
STREET ADDRESS **1775 S FLETCHER AVE**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **DS** ☐ Delete
NAME **LANSBURGH, NANCY H**
STREET ADDRESS **3305 BELLEVILLE LANE**
CITY-ST-ZIP **YULEE FL 32097**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 607, 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C:\R2E034 (10/02)