

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000019230

1. Entity Name  
**BRAUKMAN ENTERPRISES, INC.**



APPROVED  
AND  
FILED

03 AUG 15 PM 12:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**1253 PARK STREET  
CLEARWATER FL 33756**

Mailing Address  
**1253 PARK STREET  
CLEARWATER FL 33756**

2. Principal Place of Business

3. Mailing Address

**5505 Cressage Ct**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**RALEIGH NC**

4. FEI Number **58-2606822**

Applied For  
Not Applicable

Zip

Country

Zip

**27613**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WARD, R. CARLTON  
1253 PARK STREET  
CLEARWATER FL 33756**

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 \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
BRAUKMAN, JAY W  
5505 CRESSAGE COURT  
RALEIGH NC 27613** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**700022661157  
08/29/03--01013--014 \*\*550.00** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
BRAUKMAN, JAY W  
5505 CRESSAGE COURT  
RALEIGH NC 27613** ☐ Delete

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

TITLE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 OF J. W. BRAUKMAN**

**8-11-03**

**919-863-7025**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

0100661 AV