FILED

Date

Daytime Phone #

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Jun 11, 2002 8:00 am P01000024616 DOCUMENT # Secretary of State 1. Entity Name 06-11-2002 90397 017 \*\*\*550 00 BRANTLY & ASSOCIATES, INC. Principal Place of Business - ~ Mailing Address 3001 W 39TH ST #10 3001 W 39TH ST #10 BULZAUBS ORLANDO FL 32839 ORLANDO FL 32839 2. Principal Place of Business 3. Mailing Address 4745 South Orange 4745 South C DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For 4. FÉI Number City & State City & State Not Applicable RIAndo \$8.75 Additional 5. Certificate of Status Desired USA *?*₽\$06 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JAMES BRANTIN BRANTLY, JAMES M JR Street Address (P.O. Box Number is Not Acceptable) 3001 W 39TH ST #10 4745 South ORAnge ORLANDO FL 32839 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11., PVTSD ☐ Addition ☐ Change ☐ Delete TITLE TITLE JAMES M. BRANTLY JR NAME BRANTLY, JAMES M JR NAME 670 BRANTLY 12d STREET ADDRESS STREET ADDRESS 670 BRANTLY RD CITY-ST-ZIP Osteen CITY-ST-ZIP OSTEEN FL 32764 ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-7IP -☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition [ ] Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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