FILED
Jun 04, 2002 8:00 am
Secretary of State
05-17-2002 90041 048 ***150.00

91342

2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000037796

1. Entity Name
BRAXTON BRITT ENTERPRISES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
946 SE 66th ST
Suite, Apt. #, etc.
City & State: STARKE FL
Zip: 32091 Country:

3. Mailing Address
PO Box 124
Suite, Apt. #, etc.
City & State: STARKE FL
Zip: 32091 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3711388 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: BRITT BRAXTON L.
Street Address (P.O. Box Number is Not Acceptable):
946 SE 66TH STREET
City: STARKE FL Zip Code: 32091

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 _____ DATE

9. This corporation is eligible to satisfy its annual Tax filing requirement and elects to do so. (See reverse side) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	BRITT, BRAXTON L.
STREET ADDRESS	PO Box 124
CITY-ST-ZIP	STARKE FL 32091
TITLE	VTD
NAME	BRITT, MELISSA T
STREET ADDRESS	PO Box 124
CITY-ST-ZIP	STARKE FL 32091
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E040 (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Melissa T. Britt 4-30-02 904-237-5124
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #