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

DOCUMENT #

P01000037796

1. Entity Name

BRAXTON BRITT ENTERPRISES INC.

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## **FILED** Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91275 031 \*\*\*150.00

						OF WE IS					
Principal Place of Business Mailing Address						_	11044017				
946 SE 66TH STREET				P.O. BOX 124			1.	1100001	••	· · ·	
STARKE FL 32091				STARKE FL 32091			}				
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2. Principal Place of Business 3				3. Mailing Address				1 10011007 111 08101 1101 0811 <b>9</b> 011 0811 0811	HANNI KARIN INDIN	BENEFIT OF THE SECOND	
								J , , , , ,			
Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.			{	☐ CHECK HERE IF MAKING CHANGES			
								<u> </u>			
City & State			City	City & State			4.	FEI Number 59-3711388		oplied For	
 								38-37 1 1300		ot Applicable	
Zip Country			Zip	Zip Country*			5.	5. Certificate of Status Desired S8.75 Additional			
	<u>_</u>			4.44	<del></del>			Fee Required			
	o. Name	and Address of Curre	ent Registere	ea Agent		7. Name and Address of New Registered Agent					
					1	Name To					
Britt, Br	RAXTON L					Street Address (P.O. Box Number is Not Acceptable)					
946 SE 6	<b>6TH STREE</b>	T								yr	
STARKE F	EL 32091									`	
					1	City			Zip Cod	е	
								FL	•		
			nt for the purp	oose of changing its	registere	ed office or regis	stered ag	gent, or both, in the State of Florida. I am	familiar with,	and accept	
the obligat	ions of regist	ered agent.								ì	
SIGNATURE .											
Old Will ditte	Signature, typed	or printed name of registered ag	gent and title if app	olicable. (NOT	E: Registered	d Agent signature requ	uired when re	einstating) DATE			
F	II E NOW!	! FEE IS \$150.00		[				T	7		
		3 Fee will be \$550.0	00					9. Election Campaign Financing		May Be	
Make Check Payable to Florida Department of State								Trust Fund Contribution.	لـ Added	to Fees	
10.		OFFICERS AI		L	11.	<del></del>	ĀΓ	L DDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
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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)(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 expowered.

SIGNATURE: £