

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90378 020 ***158.75

DOCUMENT # P01000048710

1. Entity Name
Beau BRACKETT CONSTRUCTION INC.



DO NOT WRITE IN THIS SPACE

11038631

2. Principal Place of Business
3575 SAULSTARS CT.
Suite, Apt. #, etc.

3. Mailing Address
3575 SAULSTARS CT.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SARASOTA, FL
Zip
34232

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SARASOTA, FL
Zip
34232

4. FEI Number
52-231-7249
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 Beau Brackett
Street Address (P.O. Box Number is Not Acceptable) _____
3575 SAULSTARS CT.
City SARASOTA **FL** Zip Code 34232

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 BEAU BRACKETT PRESIDENT Beau Brackett
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

5/1/03
DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Makes 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 PRESIDENT
NAME Beau BRACKETT
STREET ADDRESS 3575 SAULSTARS CT.
CITY-ST-ZIP SARASOTA, FL 34232

TITLE VICE PRESIDENT
NAME JOE BOOTH
STREET ADDRESS 7306 CARGELLO
CITY-ST-ZIP ENGELWOOD, FL 34224

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

SIGNATURE: Beau Brackett Beau Brackett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03 941-356-5305
Date Daytime Phone #

CR2E034B (12/02)