

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90053 043 \*\*\*158.75

**DOCUMENT # P01000057917**

**1. Entity Name**  
**FLORIDA BRAUN, INC.**

**Principal Place of Business**  
**200 NE 4TH AVE**  
**OKEECHOBEE FL 34972**

**Mailing Address**  
**200 NE 4TH AVE**  
**OKEECHOBEE FL 34972**

**2. Principal Place of Business**  
**205 NE 2nd St.**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**205 NE 2nd St.**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

**City & State**  
**Okeechobee, Florida**

**City & State**  
**Okeechobee, Florida**

**4. FEI Number**  
**65-1120-877**

**Applied For**  
☐ **Not Applicable**

**Zip**  
**34972**

**Country**  
**Okeechobee**

**Zip**  
**34972**

**Country**  
**Okeechobee**

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**THOMPSON, ROBERT D**  
**205 NE 2ND ST**  
**OKEECHOBEE FL 34972**

**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.**

**SIGNATURE** Robert D. Thompson

*Robert D. Thompson (Manager)*

**March 6 2002**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**PTD**  
**BRAUN, ROBERT D**  
**96 CHAMPIONS BLVD**  
**ROGERS AR 72758** ☐ Delete

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**VSD**  
**BRAUN, SUZANNE**  
**96 CHAMPIONS BLVD**  
**ROGERS AR 72758**

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

**TITLE** ☒ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
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**CITY-ST-ZIP**

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**CITY-ST-ZIP**

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

**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 Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Robert D. Thompson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert D. Thompson**

**March 6 2002**

Date

Daytime Phone #

CR2E034 (9/01)