

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

07-17-2002 90132 041 \*\*\*150.00

**DOCUMENT # P01000081662**

1. Entity Name

**R & W BRACCIA, INC.**

Principal Place of Business

**10857 SOUTHWEST 91ST AVENUE  
 Ocala FL 34481**

Mailing Address

**10857 SOUTHWEST 91ST AVENUE  
 Ocala FL 34481**

80128760

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3739647**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
 1840 SW 22ND ST.  
 4TH FLOOR  
 MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name **Richard Braccia** **Wendy Wilkinson**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10857 SW 91ST AVE**  
**Ocala**  
 City **FL** Zip Code **34481**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/10/02**

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
 NAME **BRACCIA, RICHARD**  
 STREET ADDRESS **10857 SOUTHWEST 91ST AVENUE**  
 CITY-ST-ZIP **OCALA FL 34481**

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

TITLE **VSTD** ☐ Delete  
 NAME **WILKINSON, WENDY R**  
 STREET ADDRESS **10857 SOUTHWEST 91ST AVENUE**  
 CITY-ST-ZIP **OCALA FL 34481**

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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: Wendy Wilkinson  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/10/02 352-873-3343**  
 Date Daytime Phone #

CR2E034 (4/02)

Attachment  
Document#  
PD1000081662

7/10/02.

To Whom it may concern -

We did not received our 1st Copy - We are a  
new business/corporation opened - 9/1/01 - wasn't aware  
of filing date to inquire another copy of original.

Wendy Wilkinson