## **FILED**

Apr 23, 2003 8:00 am Secretary of State 04-23-2003 90309 016 \*\*\*150.00

## **DOCUMENT #**

P01000084202

2003 FOR PROFIT CORPORATION

**UNIFORM BUSINESS REPORT (UBR)** 

1. Entity Name

THE STATE OF
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BRATKO BUILDING CORP.							
Principal Place of Business  646 HOLLOW CIRCLE  DEERFIELD BEACH FL 33442  Mailing Address  646 HOLLOW CIRCLE  DEERFIELD BEACH FL 33442			33442			<b>  15</b>      15     <b>15    </b>	
Principal Place of Business     Address     Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MA	AKING CHANGES	}
City & State		City & State		٠	4. FEI Number 65-1151439	~~~~	pplied For lot Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Ad Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Regist	ered Agent	
	tz, andrew M esq. St Hillsboro Blvd.		Name Street	Address (F	P.O. Box Number is Not Acceptable)		
DEERFIELD BEACH FL 33442			City	* *************************************		FL Zip Coo	de
the obligated statement of the statement	tions of registered agent.	and title if applicable. (NC	OTE: Registered Agent sign		when reinstating)  9. Election Campaign Financir Trust Fund Contribution.	DATE	<b>00</b> May Be
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BRATKO, JOSEPH 646 HOLLOW CIRCLE DEERFIELD BEACH FL 33442	☐ Delete	THTLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP.	V BRATKO, GREGORY 10100 SUMFURR RD. HUNTERVILLE NC-28078	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP		3 MEADOWOOD BLUN NPARK FLA 32730		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WATSON, CAROLE V 646 HOLLOW CIRCLE DEERFIELD BEACH FL 33442	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete .	TITLE · NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition

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 empowered.

SIGNATURE: