

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90112 009 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000110752

1. Entity Name
BRAVE, INC.

Principal Place of Business
4574 ROBIN HOOD TRAIL
SARASOTA FL 34232

Mailing Address
P O BOX 32110
SARASOTA FL 34239

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

04-3608776

Applied For

Not Applicable

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

PEACOCK, LISA A

469 US HWY 17 SOUTH, SUITE 2
YULEE FL 32097

Name

PEACOCK LISA A.

Street Address (P.O. Box Number is Not Acceptable)

50 NORTH LAURA ST. SUITE 1800

City

JACKSONVILLE

FL

Zip Code

32202

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Sept 6, 2002

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 ☐ Delete
 NAME **D. CARDENAS, ROBERT**
 STREET ADDRESS **4574 ROBIN HOOD TRAIL**
 CITY-ST-ZIP **SARASOTA FL 34232**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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. Cardenas
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-02

941-809-2425

Date

Daytime Phone #

CR2E034 (4/02)

attachment

872141

P0100010752

BRAVE Inc.

P.O box 32110
Sarasota FL 34239
941-342-8430

RE: BRAVE Inc.

Enclosed for filing is the original 2002 Uniform Business Report for the above referenced corporation.

Also enclosed is a check payable to the Department of State, Division of Corporations in the amount of \$150.00. Pursuant to the 2002 Uniform Business Report instructions. Please consider this my request for the \$400.00 late fee to be waived, as the first notice was not received by BRAVE Inc. until August 2002.

Your cooperation and assistance in the matter is appreciated. If you have any questions, please call.

Respectfully,



Robert Cardenas
President.