## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P02000056342 **DOCUMENT #**

1. Entity Name

BRASS ENTERPRISES INC



## Sep 10, 2003 8:00 am Secretary of State

09-10-2003 90060 044 \*\*\*150.00

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C/O SARA B	HOLLOW ROAD	Mailing Address C/O SARA B. CAULEY 6889 BROOK HOLLOW RO LAKE WORTH FL 33467	DAD	
2. Principal P	lace of Business	3. Mailing Address		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del></del>	☐ CHECK HERE IF MAKING CHANGES
City & Stat	е	City & State		4. FEI Number Applied For Not Applied Solve Not Applied Not Applie
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current F	Registered Agent	None	7. Name and Address of New Registered Agent
CAULEY, SARA B 6889 BROOK HOLLOW ROAD			Name Street Address (P.O. Box Number is Not Acceptable)	
LAKE WO	RTH FL 33467		City	FL Zip Code
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or reg	egistered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered agent ar	ad title if applicable /NOTE	: Registered Agent signature re	a required when reinstating) DATE
	ILE NOW!!! FEE IS \$550.00	to the mappingatie.	nagistaled Again signatura (e.	TALE DATE
After Se	otember 10, 2003 Fee will be \$750.00 per per second of the	00 -		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	D Cauley, Sara B 6889 Brook Hollow Road Lake Worth Fl 33467	□ Delete	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
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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 eath; 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:

Affachment 80146157

Brass Enterprises Inc. 6889 Brook Hollow Rd. Lake Worth, Fl 33467 9/5/2003.

Re: Dogument # P02000056342

Dear Sir / Madam.

This letter serves as notice that I did not receive a previous UBR stating the amount, which should have been paid. I called your office and was informed to send in a check for \$150.00 (the amount originally owed) with a letter stating the reason for the late payment.

If there are any questions, please feel free to contact me at your earliest convenience.

Thanks for your consideration and cooperation.

Sara. B Cauley

Brass Enterprises Inc.