

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90118 023 ***150.00

DOCUMENT # P02000063014

1. Entity Name

BRANDYN TOOLEY, P.A.

Brandyn & Co.



Principal Place of Business

**2520 BOUGAINVILLEA ST.
SARASOTA FL 34239**

Mailing Address

**2520 BOUGAINVILLEA ST.
SARASOTA FL 34239**

2. Principal Place of Business

2100 Constitution Blvd.

3. Mailing Address

1820 S. LAKESHORE DR.

Suite, Apt. #, etc.

129

Suite, Apt. #, etc.

City & State

SARASOTA

City & State

SARASOTA FL

4. FEI Number

02-0613979

Applied For

Not Applicable

Zip

FL

Country

34231

Zip

34241

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CHERP, RONALD M
3859 BEE RIDGE RD.
SARASOTA FL 34233**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D II** ☐ Delete
NAME **TOOLEY, BRANDYN**
STREET ADDRESS **2520 BOUGAINVILLEA ST.**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **Herbold, BRANDYN**
STREET ADDRESS **1820 S. LAKESHORE DR.**
CITY-ST-ZIP **SARASOTA, FL 34241**

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

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CITY-ST-ZIP

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:

S. Herbold **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03

Date

941.922.8777

Daytime Phone #

CR2E034 (10/02)