

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

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90157 016 ***150.00

DOCUMENT # *P02000064875*

1. Entity Name

Britt-Ash Services, Inc. ✓



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

608 Villa Circle

Suite, Apt. #, etc.

3. Mailing Address

608 Villa Circle

Suite, Apt. #, etc.

10065133

DO NOT WRITE IN THIS SPACE

City & State

Boynton Beach, FL

Zip

33435

Country

USA

City & State

Boynton Beach, FL

Zip

33435

Country

USA

4. FEI Number

41-2046206

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Scott Schroeder, Atty.

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

3300 PGA Blvd., #500

City

Palm Beach Gardens

FL

Zip Code

33410

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

Helga Braun President

4/7/03

DATE

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

(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

*President
Helga Braun
608 Villa Circle
Boynton Beach, FL 33435*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*Secretary
Helga Braun
608 Villa Circle
Boynton Beach, FL 33435*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*Helga Braun
608 Villa Circle
Boynton Beach, FL 33435*

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Helga Braun **HELGA BRAUN**

4/7/03

561-740-2820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)