

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2003 8:00 am
Secretary of State

08-08-2003 90094 046 ***150.00

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DOCUMENT # P02000069213

1. Entity Name

BRAUTIGAM & ASSCIATES, INC.



Principal Place of Business

5111 66TH ST. NORTH

ST. PETERSBURG FL 33709

STE 100

Mailing Address

5111 66TH ST. NORTH

ST. PETERSBURG FL 33709

STE 100

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

74-3049595

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BRAUTIGAM, GAIL L~~

5111 66TH ST. NORTH

ST. PETERSBURG FL 33709

Gail Brautigam-Vazzano
STE 100

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

Gail B. Vazzano

Gail B. Vazzano

8/1/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

This form was
received in July

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BRAUTIGAM, GAIL L
5111 66TH ST. NORTH
ST. PETERSBURG FL 33709

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Gail Brautigam-Vazzano
5111 66th St N
St Petersburg FL, 33709
STE 100

☒ Change ☐ Addition

TITLE
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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)(l), 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:

Gail B. Vazzano

Gail B. Vazzano 8/1/03 727-545-8001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

80137104
P02000069213

To: Florida Department of State

From: Gail Vazzano

To Whom It May Concern:

I would like to inform you that uniform business report form was not received until July.

Please waive the late fee as we have just received form.

Sincerely,

Gail B. Vazzano

Gail B. Vazzano

Vice President