

**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.



Handwritten initials and date: AB 3/4/03

Principal Place of Business
5111 66TH ST. NORTH STE 100 ST. PETERSBURG FL 33709

Mailing Address
5111 66TH ST. NORTH STE 100 ST. PETERSBURG FL 33709



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <i>Suite 100</i>		Suite, Apt. #, etc. <i>Suite 100</i>	
City & State		City & State	
Zip	Country	Zip	Country

CHECK HERE IF MAKING CHANGES

4. FEI Number 74-3049595	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~BRAUTIGAM, GAIL L~~
5111 66TH ST. NORTH STE 100 ST. PETERSBURG FL 33709

7. Name and Address of New Registered Agent

Name
Gail Brautigam-Vazzano

Street Address (P.O. Box Number is Not Acceptable)
STE 100

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAUTIGAM, GAIL L 5111 66TH ST. NORTH ST. PETERSBURG FL 33709	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gail Brautigam-Vazzano 5111 66th St N STE 100 St Petersburg FL, 33709	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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** **727-545-800**

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
Vice President
