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

**DOCUMENT #** 

P02000121351

Mailing Address

1505 NE 5TH STREET

1. Entity Name

BRAY-LEMAIRE INC.

Principal Place of Business

1505 NE 5TH STREET



**FILED** Feb 13, 2003 8:00 am Secretary of State 02-13-2003 90202 015 \*\*\*150.00

	02-13-2003
<u> </u>	

	ORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301											
2. Principal Pla	ce of Business	3. Mailing Address						f idetiaet ill dens tien sem	MATTER MATERIAL INSTRU	1881 11885 11181 -		
11 24 5 Suite, Apt. #	EMINUE DRIVE	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
	TE 16	5515, y p. x y 515					Applied For					
City & State	N. WATON N. F.	City & State					4. FE	Number 1853A	59	<u> </u>	Applicable	
Zin	Zip (Country Zip Cour			Countr			<b>5.</b> Ce	ertificate of Status Desired		\$8.75 Add		
FC 3	333041-105	<u> </u>		Ĺ	<i>2</i> %	٠ ا	Sertificate of Status Desired Fee Required Name and Address of New Registered Agent					
6. Name and Address of Current Registered Agent						Name						
LEMAIRE, GEORGE				-	Street Address (P.O. Box Number is Not Acceptable)							
	TH STREET				Street Address (F.O. Dox Monitor to Not Note Place)							
	DERDALE FL 33301			ļ				_				
,				-	City	•	-		FL	Zip Code	•	
a T)	named entity submits this statement f	or the purp	oose of changing its	registere	d office or	registere	ed ager	nt, or both, in the State of	Florida. I am	familiar with,	and accept	
the obligation	named entity submits this statement in ons of registered agent.	or the purp				Ū						
SIGNATURE _	Signature, typed or printed name of registered agen	and title if apr	nlicable. (NOT	E: Registered	Agent signatu	re required v	when rein	nstating)	DATE			
		tana tao ii opi	T								O	
FI After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00		<b>\</b>					<ol><li>9. Election Campaign Trust Fund Contribution</li></ol>			O May Be I to Fees	
Make Check Payable to Florida Department of State										- DESTOR	2 151 41	
10.	OFFICERS AND	DIRECTO		11.	-		ADC	DITIONS/CHANGES TO C	OFFICERS AN	U Change	Addition	
TITLE	D CENTRE OF OPER		☐ Delete	TITLE						□ Onlinge		
NAME STREET ADDRESS	LEMAIRE, GEORGE 1505 NE 5TH STREET	EMAINE, GEORGE			T ADDRESS							
CITY-ST-ZIP	FORT LAUDERDALE FL 33301			CITY-	ST-ZIP .				<u>.</u>			
TITLE	D		☐ Delete	TITLE		<b>D</b>		2001		Change	Addition	
NAMÉ	DOUGLAS BRAY	00 M=	= 112	NAMI		ijá	پہک	S Blank	H JUN	=1B /	]	
STREET ADDRESS	1124 02111110000				et address • St-ZIP	11 97	ب بر	ex MEXIUM E	FL 3	3304	}	
CITY-ST-ZIP	FORT LANDERDAU	E H	_ 33364 □ Delete	-		10%	<u> </u>	1) <u> </u>	<u> </u>	→ Change	Addition	
TITLE			· Delete -	NAM								
NAME STREET ADDRESS				STRE	ET ADDRESS							
CITY-ST-ZIP				CITY	-ST-ZIP	_						
TITLE			☐ Delete	TITLE						☐ Change	☐ Addition	
NAME				NAM								
STREET ADDRESS					et address -st-zip							
CITY-ST-ZIP						ļ .			<del>.</del>	Change	Addition	
TITLE			☐ Delete	TITL NAM								
NAME					ET ADDRESS							
STREET ADDRESS				1	-ST-ZIP							
CITY-ST-ZIP			☐ Delete	TITL		†				☐ Change	Addition	
TIFLE			L Delete	NAM								
NAME STREET ADDRESS				STR	ET ADDRESS							
CITY ST. 7ID					-ST-ZIP	<u></u>						
12. I hereby	certify that the information supplied w	ith this filin	ng does not qualify t	for the exe	emption sta	ated in Se	ection same	119.07(3)(i), Florida Statu legal effect as if made un	ites. I further o der oath; that	ertify that the I am an office	information or or director	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath, that it all all offices of discussions indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath, that it all all offices of discussions 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:

Daytime Phone #