

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000153910

1. Entity Name

TIM BROXSON SERVICES, INC,



FILED

05 OCT 18 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8444 RYNES CIRCLE
NAVARRE, FL 32566 US

Mailing Address

8444 RYNES CIRCLE
NAVARRE, FL 32566 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



4. FEI Number
20-0510022

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROXSON, TIM
8444 RYNES CIRCLE
NAVARRE, FL 32566

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

Tim Broxson

(NOTE: Registered Agent signature required when reinstating)

DATE

Oct 12 2005

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME BROXSON, TIM
STREET ADDRESS 8444 RYNES CIRCLE
CITY-ST-ZIP NAVARRE, FL 32566

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

500060692515
10/18/05--01007--004 **750.00

TITLE S,T
NAME BROXSON, TIM
STREET ADDRESS 8444 RYNES CIRCLE
CITY-ST-ZIP NAVARRE, FL 32566

☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

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☐ Change ☐ Addition

10-13-05
Please check your records - I have filed + paid this once already about 6 weeks ago.

10/18

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:

Tim Broxson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oct 12 2005