## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** May 15, 2001 8:00 am Secretary of State DOCUMENT # P93000008461 1. Entity Name 05-15-2001 90132 016 \*\*\*150 00 BRANDON & ASSOCIATES, INC. Principal Place of Business Mailing Address P.O. BOX 50938 3 PALMWOOD COURT JACKSONVILLE BEACH FL 32240-0938 JACKSONVILLE BEACH FL 32250 80054686 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-3162803 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COLOGNE, MONA E Street Address (P.O. Box Number is Not Acceptable) **3 PALMWOOD COURT** JACKSONVILLE BEACH FL 32250 Zip Code City Fl 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PTD ☐ Addition TITLE TITLE ☐ Delete COLOGNE, MONA E NAME NAME STREET ADDRESS STREET ADDRESS 3 PALMWOOD CT CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE BEACH FL 3<u>2250</u> ☐ Addition Change ☐ Delete TITLE TITLE COLOGNE, ELMER B NAME NAME STREET ADDRESS 3 PALMWOOD COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Jacksonville Beach FL 32250 Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 trassee explowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ING OFFICER OR DIRECTOR

Daytime Phone #