

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90027 021 ***150.00

DOCUMENT # P93000074532

Entity Name
V. BRANDAU MARKETING, INC.

Principal Place of Business US HIGHWAY 19 FL 34691	Mailing Address 1803 US HIGHWAY 19 HOLIDAY FL 34691-5536
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DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 59-3206868	Applied For Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BRANDAU, ROBERT C
210 S. PINELLAS AVE.
SUITE 200
TARPON SPRINGS FL 34689

*1803 U.S. Hwy. 19
 Holiday, FL 34691*

7. Name and Address of New Registered Agent

Name Robert C. Brandau
 Street Address (P.O. Box Number is Not Acceptable)
1803 U.S. Hwy. 19
 City Holiday FL Zip Code 34691

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
BRANDAU, ROBERT C	NAME		
1803 US HIGHWAY 19	STREET ADDRESS		
HOLIDAY FL 34691	CITY-ST-ZIP		
<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
BRANDAU, VALERIE	NAME		
1803 US HIGHWAY 19	STREET ADDRESS		
HOLIDAY FL 34691	CITY-ST-ZIP		
<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert C. Brandau **03-09-00** **727-938-4722**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)