

FILED
Mar 30, 2000 8:00 am
Secretary of State
03-30-2000 90105 001 ***750.00

1. Entity Name : **BROOKS MANAGEMENT INC.**

03-30-2000 90105 001 ***750.00

12601



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2919 26TH STREET WEST BRADENTON FL 34205 US		Mailing Address 2919 26TH STREET WEST BRADENTON FL 34205-3737 US		12601  DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business		3. Mailing Address		4. FEI Number NOT APPLICABLE Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JAWITZ, JACK 2919 26TH STREET WEST BRADENTON FL 34205				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.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
9. 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	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JAWITZ, JACK C 2919 26TH ST W BRADENTON FL 34205	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date _____ Daytime Phone # _____		