2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

P94000014451

1. Entity Name

GARVIN BRAZEL CONSTRUCTION, INC.



Apr 09, 2003 8:00 am Secretary of State **FILED**

04-09-2003 90125 023 ***150.00

Principal Place of Business 422 RANDALL LANE CANTONMENT FL 32533			Mailing Address 422 RANDALL LANE CANTONMENT FL 32533											
US														
2. Principal Place of Business			3. Mailing Address							1 111 10 111 11 111			01181 1181 1081	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES						
City & State			City & State			4.		4. FEI	Number 59-3228	3000		<u> </u>	oplied For ot Applicable	
Zip	Country			Zip Cou		ntry 5.		5. Ce	tificate of Status Des	red		8.75 Add ee Require		
6. Name and Address of Current Registered Agent								7. Nar	ne and Address of N	lew Registe	ered Ag	jent		1
		المستعمرية وحدوان المناوان		Name-	عمت سعد		7 (· · · · · · · · · · · · · · · · · ·					7-		
RRA7FI	GARVIN JR								•					_
	DALL LANE					Street Address (P.O. Box Number is Not Acceptable)								
CANTONMENT FL 32533														
						City					FL	Zip Code		
	named entity ions of regist	y submits this statement for ered agent.	or the purp	ose of changing its re	egister	ed office or	registere	d agent	, or both, in the State	of Florida.	I am far	miliar with,	and accept	
SIGNATURE -	Signature, typed	or printed name of registered agent	and title if appl	licable (NOTE: I	Registere	d Agent signatu	re required v	when reinst	ating)	Е	DATE			1
			The tite is appropriate	(NOTE:	ricgisicio	a rigan aignas	re required r		wing)		,,,,,			-
		! FEE IS \$150.00							9. Election Campai	an Financin	g	\$5.0	0 Мау Ве	1,
		03 Fee will be \$550.00 Florida Department o	f State						Trust Fund Contr	ibution.			to Fees	
10.	· · · · · · · · · · · · · · · · · · ·	OFFICERS AND	DIRECTO	RS	11.			ADDI	TIONS/CHANGES TO	OFFICERS	AND D	PIRECTORS	3 IN 11	7
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NAME	Brazel, (garvin l Jr			NAM	E								Ì
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NAME	GARVIN, E	Brazel j			NAM				.		-			
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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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Change

☐ Addition