## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## DOCUMENT # **P94000014649** May 17, 2000 8:00 am Secretary of State BROUNLEY ASSOCIATES, INC. 05-17-2000 90873 005 \*\*\*158.75 Principal Place of Business Mailing Address 7887 BRYON DAIRY RD. 7887 BRYON DAIRY RD. SUITE 105 SUITE 105 LARGO FL 33777-1452 LARGO FL 33777 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3265583 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Carlson ROWE, JAMES C Street Address (P.O. Box Number is Not Acceptable) 100 2ND AVE S SUITE 400N 250 Belcher Rd North 102 ST PETERSBURG FL 33701 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 11. **DCEO** The UP Feneral Manager - Change Delete TITLE TOUPS TOMPS, LEON H NAME NAME STREET ADDRESS 7887 BRYON DAIRY RD., STE. 105 STREET ADDRESS CITY-ST-70 CITY-ST-ZIP LARGO FL 33777 Change ☐ Addition D۷ Delete TITLE TITLE CLANCY, MARK NAME NAME STREET ADDRESS STREET ADDRESS 7887 BRYON DAIRY RD., SUITE 105 CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33777 - 🦳 Change ☐ Addition Delete TITLE TITLE **BROUNLEY, RICHARD W** NAME NAME STREET ADDRESS STREET ADDRESS 7381 114TH AVE N, #409 CITY-ST-ZIP CITY-ST-ZIP LARGO FL Change ☐ Addition ☐ Delete TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete TITLE Change 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 eport 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 eropowered to elected 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 pine like empowered.