

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000022778

1. Entity Name

BROOKS HAULING AND DELIVERY, INC.

Principal Place of Business

331 TARPON ST.  
BOX 903  
BOCA GRANDE FL 33921

Mailing Address

331 TARPON ST.  
BOX 903  
BOCA GRANDE FL 33921-0903

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0501876

Applied For

Not Applicable

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

ITTERSAGEN, SCOTT D  
% BATSEL MCKINLEY ITTERSAGEN GUNDERSON  
1861 PLACIDA RD., SUITE 104  
ENGLEWOOD FL 34223

Name

JUDY D. MORRISON, CPA  
Street Address (P.O. Box Number is Not Acceptable)  
421 PALM AVE

City

BOCA GRANDE

FL

Zip Code

33921

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

Judy D. Morrison

Judy D. Morrison, CPA

DATE

1/18/2000

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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	NOEL, JULIE L.	331 TARPON ST., BOX 903 BOCA GRANDE FL 33921	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	BROOKS, ARTHUR Z	331 TARPON ST., BOX 903 BOCA GRANDE FL 33921	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	S	BROOKS, CHANCE A.	331 TARPON ST BOX 903 BOCA GRANDE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

ARTHUR Z. BROOKS 3/14/2000 (941) 456-1803

Date

Daytime Phone #

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90044 031 \*\*\*150.00

C0039220



DO NOT WRITE IN THIS SPACE

CR2E034 (9/93)