

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000007845

1. Entity Name

BRAYBOY CONSULTING SERVICES, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90032 019 ***150.00

Principal Place of Business

8900 AUBREY LANE
BOYNTON BEACH FL 33437

Mailing Address

8900 AUBREY LANE
BOYNTON BEACH FL 33426-7728

00041106



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

35 MAYFAIR LN

Suite, Apt. #, etc.

3. Mailing Address

35 MAYFAIR LANE

Suite, Apt. #, etc.

City & State

BOYNTON Bch FL

City & State

BOYNTON Bch FL

4. FEI Number

65-0556917

Applied For

Not Applicable

Zip

33426

Country

USA

Zip

33426

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUGGINS, MATTHEW
8900 AUBREY LANE
BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent

Name

MATTHEW HUGGINS

Street Address (P.O. Box Number is Not Acceptable)

35 MAYFAIR LANE

City

BOYNTON Bch FL

FL

Zip Code

33426

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

Matthew Huggins

3/22/00

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE PD
NAME HUGGINS, MATTHEW
STREET ADDRESS 8900 AUBREY LANE
CITY-ST-ZIP BOYNTON BEACH FL 33437 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MATTHEW HUGGINS
STREET ADDRESS 35 MAYFAIR LANE
CITY-ST-ZIP BOYNTON BEACH FL 33426 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Matthew Huggins MATTHEW HUGGINS

3/22/00

Date

561 649 2424

Daytime Phone #

CR2F034 (9/99)