

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000010875

1. Entity Name

BRASSINGTON MORTGAGE CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 AUG 20 PM 3:46

Principal Place of Business

1031 IVES DAIRY RD.

#228

N. MIAMI BCH. FL 33179

Mailing Address

1031 IVES DAIRY RD.

#228

N. MIAMI BCH. FL 33179



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

65-0556166

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

BRASSINGTON, ELLEN C

1031 IVES DAIRY RD.

#228

N. MIAMI BCH. FL 33179

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 \$550.00

**After September-12, 2001 Fee will be \$750.00 -
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	P BRASSINGTON, E C 1031 IVES DAIRY RD #228 N MIAMI BEACH FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
300004548843-2	
-08/22/01--01056--006	
****150.00 ****150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E034 (5/01)

8/13/01

~~Let~~ \$9500 001 08 25

To Whom it may Concern

Please note that I have MAILED \$150.00 every year on time. This year 3/16/01 I WAS diagnosed with Cancer of the Uterus. I WAS operated on & treated by Radiation therapy & was laid up until almost July ~~2001~~ ²⁰⁰¹. THE REASON I'm disclosing this information is because I noticed a fee of \$550 and I have no idea why I have to pay such a high fee.

PLEASE ADVISE

Thank you

E.C. Brannon