## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **P95000031850** Mar 04, 2000 8:00 am **Secretary of State** BRANTLEY ENTERPRISES, INC. 03-04-2000 90116 037 \*\*\*150.00 Principal Place of Business Mailing Address 72 SE 6TH AVENUE 72 SE 6TH AVENUE SUITE C8 SUITE C8 DELRAY BEACH FL 33483-5314 DELRAY BEACH FL 33483 2. Principal Place of Business 3. Mailing Address 1045 E. ATLANTIC AVENUE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 306 STE 306 SIE Applied For City & State 4. FEI Number City & State 65-0589576 DELRAY BEACH Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CARMEL BRANTLEY FROST, RONALD W O. Box Number is Not Acceptable) E. ATLANTIC AVENUE Street Address STE 306 412 NORTH DIXIE HIGHWAY LANTANA FL 33462 DELLAY BEACH 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 ent 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. DV ☐ Addition TITLE TITLE ☐ Delete NAME BRANTLEY, ROBERT NAME STREET ADDRESS STREET ADDRESS 19 SAILFISH LANE OCEAN RIDGE CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33435 ☐ Delete TITLE TITLE CARNEL BRANTLEY NAME NAME 19 SAILFISH LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCFAN RIDGE FL CITY-ST-ZIP ☐ Addition Delete TITLE TITLE: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 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