

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90071 031 \*\*\*150.00

0390257 AV

**DOCUMENT # P95000031850**

1. Entity Name  
**BRANTLEY PHOTOGRAPHY, INC.**

**Principal Place of Business**

**1045 E ATLANTIC AVENUE  
 STE 306  
 DELRAY BEACH FL 33483  
 US**

**Mailing Address**

**1045 E ATLANTIC AVENUE  
 STE 306  
 DELRAY BEACH FL 33483  
 US**

**2. Principal Place of Business**

**1730 S. FEDERAL HWY**

Suite, Apt. #, etc.

**# 254**

City & State

**DELRAY BEACH FL**

Zip

**33483**

Country

**USA**

**3. Mailing Address**

**1730 S. FEDERAL HWY**

Suite, Apt. #, etc.

**# 254**

City & State

**DELRAY BEACH FL**

Zip

**33483**

Country

**USA**



DO NOT WRITE IN THIS SPACE

**4. FEI Number**

**65-0589576**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BRANTLEY, CARMEL**

~~**1045 E ATLANTIC AVENUE STE 306  
 DELRAY BEACH FL 33483**~~

**7. Name and Address of New Registered Agent**

Name

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

**1730 S. FEDERAL HWY  
 # 254**

City

**DELRAY BEACH**

**FL**

Zip Code

**33483**

**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 **CARMEL BRANTLEY**

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

(NOTE: Registered Agent signature required when reinstating)

*Paul Bay*

**4/17/2002**

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 \$150.00**

**After May 1, 2002 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	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>BRANTLEY, ROBERT</b>	
STREET ADDRESS	<b>19 SAILFISH LANE</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>BRANTLEY, CARMEL</b>	
STREET ADDRESS	<b>19 SAILFISH LANE</b>	
CITY-ST-ZIP	<b>OCEAN RIDGE FL 33435</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**CARMEL BRANTLEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Paul Bay*

**4/17/2002**

DATE

**361-265-0995**

DAYTIME PHONE #

CR2E034 (9/01)