

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90256 013 ***150.00

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DOCUMENT # P95000063540

1. Entity Name
BULLDOG BROOKS CORPORATION



Principal Place of Business
**1816 SOUTH OSPREY AVENUE
SARASOTA FL 34239**

Mailing Address
**1816 SOUTH OSPREY AVENUE
SARASOTA FL 34239**



2. Principal Place of Business
2868 RIVER PINES WAY
Suite, Apt. #, etc.

3. Mailing Address
2868 RIVER PINES WAY
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
SARASOTA FLORIDA

City & State
SARASOTA FLORIDA

4. FEI Number
65-0620755

Applied For
Not Applicable

Zip Country
34231 USA.

Zip Country
34231 USA.

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

**LOEWENSTERN, LINDA L
6621 SUPERIOR AVENUE
SARASOTA FL 34231**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
PD BROOKS, GRAHAM D
STREET ADDRESS
CITY-ST-ZIP **1816 SOUTH OSPREY AVENUE
SARASOTA FL 34239**

TITLE NAME ☒ Change ☐ Addition
2868 RIVER PINES WAY, SARASOTA, FL 34231

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED GRAHAM BROOKS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/17/03** **(941) 925-4032**
Date Time Phone #

CR2E034 (10/02)