

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000075327

1. Entity Name

THE BUSINESS BROKERS, INC.

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90074 040 ***150.00

Principal Place of Business

Mailing Address

1701 HIGHWAY A1A
SUITE 208
VERO BEACH FL 32963
US

1701 HIGHWAY A1A
SUITE 218
VERO BEACH FL 32963-2206
US

2. Principal Place of Business

3. Mailing Address

1701 HIGHWAY A1A

1701 A1A

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

VERO BEACH FL

City & State

VERO BEACH FL

4. FEI Number

65-0616515

Applied For

Not Applicable

Zip

Country

32963

USA

Zip

Country

32963

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

GOODWIN, WALTER T.
6656 110TH STREET
SEBASTIAN FL 32958

Name: GOODWIN WALTER T

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

5530 95TH STREET

City: SEBASTIAN

FL

Zip Code: 32968

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: WALTER T GOODWIN

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Walter T Goodwin 2-09-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD
NAME: GOODWIN, WALTER T.
STREET ADDRESS: 6656 110TH STREET
CITY-ST-ZIP: SEBASTIAN FL

☐ Delete

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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:

Walter T Goodwin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-09-00

Date

361-234-2400

Daytime Phone #

CR2E034 (9/99)