

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000077153

1. Entity Name

THRAILKILL, BROUSSARD & SMITH, P.A.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90025 019 ***150.00

Principal Place of Business

Mailing Address

255 SO ORANGE AVENUE
SUITE 740
ORLANDO FL 32801-3450
US

255 SO ORANGE AVENUE
SUITE 740
ORLANDO FL 32801-3450
US

2. Principal Place of Business

301 E. Pine Street

3. Mailing Address

301 E. Pine Street

Suite, Apt. #, etc.

Suite 780

Suite, Apt. #, etc.

Suite 780

City & State

Orlando, FL 32801-2705

City & State

Orlando, FL 32801-2705

Zip

Country

32801-2705

US

Zip

Country

32801-2705

US

4. FEI Number

59-3338104

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THRAILKILL, G H
255 SO ORANGE AVENUE
SUITE 740
ORLANDO FL 32801-3450

7. Name and Address of New Registered Agent

Name

Thrailkill, G H

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

301 E. Pine Street, Suite 780

City

Orlando

FL

Zip Code

32801-2705

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 \$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

TITLE PD ☐ Delete
NAME THRAILKILL, G H
STREET ADDRESS 255 SO ORANGE AVENUE SUITE 740
CITY-ST-ZIP ORLANDO FL

TITLE VSD ☐ Delete
NAME BROUSSARD, BRUCE K
STREET ADDRESS 255 SO ORANGE AVE STE 740
CITY-ST-ZIP ORLANDO FL

TITLE VTD ☐ Delete
NAME SMITH, KEVIN M
STREET ADDRESS 255 SO ORANGE AVE STE 740
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME Thrailkill, G H
STREET ADDRESS 301 E. Pine Street, Suite 780
CITY-ST-ZIP Orlando, FL 32801

TITLE VSD ☒ Change ☐ Addition
NAME Broussard, Bruce K
STREET ADDRESS 301 E. Pine Street, Suite 780
CITY-ST-ZIP Orlando, FL 32801

TITLE VTD ☒ Change ☐ Addition
NAME Smith, Kevin M.
STREET ADDRESS 301 E. Pine Street, Suite 780
CITY-ST-ZIP Orlando, FL 32801

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

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

TITLE ☐ Change ☐ 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:

Kevin M. Smith

Kevin M. Smith

Date

4.6.00

Daytime Phone #

(407) 316-8043

CR2E034 (9/99)