

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000077153

1. Entity Name

THRAILKILL, BROUSSARD & SMITH, P.A.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90003 050 ***150.00

0061199

| | |
|--|--|
| Principal Place of Business 301 EAST PINE STREET SUITE 780 ORLANDO FL 32801 US | Mailing Address 301 EAST PINE STREET SUITE 780 ORLANDO FL 32801 US |
|--|--|

A0006501



DO NOT WRITE IN THIS SPACE

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| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 3. Mailing Address Suite, Apt. #, etc. City & State Zip |
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| 4. FEI Number 59-3338104 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BROUSSARD, BRUCE K 301 EAST PINE STREET SUITE 780 ORLANDO FL 32801 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP | VSD BROUSSARD, BRUCE K 301 E PINE STREET SUITE 780 ORLANDO FL 32801 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PENDER, EUGENE R. 301 E. PINE STREET, SUITE 780 ORLANDO, FL 32801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD SMITH, KEVIN M 301 E PINE STREET SUITE 780 ORLANDO FL 32801 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 687, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: BRUCE K. BROUSSARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/2001 (407) 316-8043

Date Daytime Phone #

CR2E034 (10/00)