## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P95000081358 Apr 22, 2000 8:00 am Secretary of State BARANN, INC. 04-22-2000 90108 006 \*\*\*150.00 Principal Place of Business Mailing Address 3806 23RD AVE., W. 3806 23RD AVE., W. **BRADENTON FL 34205** BRADENTON FL 34205-2136 2. Principal Place of Business 3. Mailing Address 3738 LAKE-BAY SHORE -DR. 1304 26ST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE K 430 BEADENTON Applied For City & State 4. FEI Number 65-0623590..... BRADENTON Not Applicable Country Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired 34205 34205 MANATEE MANATE E Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRIGNAC, MERLIN E Street Address (P.O. Box Number is Not Acceptable) 3806 23RD AVE., W. **BRADENTON FL 34205** 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so: Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 P/T Change ☐ Addition TITLE TITLE ☐ Delete BRIGNAC, BARBARA NAME NAME STREET ADDRESS 3806 23RD AVE., W. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BRADENTON FL** ☐ Change ☐ Addition ☐ Delete TITLE BRIGNAC-MERLIN HAME NAME STREET ADDRESS STREET ADDRESS 3806 23RD AVE., W. CITY-ST-ZIP **BRADENTON FL** CHTY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 adverse with all other like empowered.

changed, or on an attachment with an advess with all other like empowered.

SIGNATURE: 4-17-2000 941 748 842 0