

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000082256

1. Entity Name
BRANTHONY, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90174 041 ***150.00

Principal Place of Business

Mailing Address

6530 MOONSHELL COURT
ORLANDO FL 32819

6530 MOONSHELL COURT
ORLANDO FL 32819-7560

2. Principal Place of Business

3. Mailing Address

4949 INTERNATIONAL DR 8216 SE PILOTS CLOSTER,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FC-2

City & State

City & State

ORLANDO FLORIDA

HOBE SOUND FLORIDA

4. FEI Number

59-3344275

Applied For

Not Applicable

Zip

Country

Zip

Country

32819

USA

34555

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

CURTIS, MICHAEL D
6530 MOONSHELL COURT
ORLANDO FL 32819

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CURTIS, DAVID	
STREET ADDRESS	6530 MOONSHELL COURT	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CRUZ, GEORGE	
STREET ADDRESS	7412 LAKE DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

George Cruz **4-25-00** **407-947-2809**

CR2E034 (9/99)