

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000084638

1. Entity Name
MABRY BROTHERS, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90053 024 ***150.00

Principal Place of Business 5731 HALIFAX DRIVE FORT MYERS FL 33912	Mailing Address 5731 HALIFAX DRIVE FORT MYERS FL 33912-4404
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number **65-0623138** Applied For
Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**MABRY, TIMMIE R
5731 HALIFAX DR
FORT MYERS FL 33912**

7. Name and Address of New Registered Agent
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 _____ (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 P	<input type="checkbox"/> Delete
NAME MABRY, TIMMIE R	
STREET ADDRESS 19483 POPPYTREE COURT	
CITY-ST-ZIP LEHIGH ACRES FL 33936	
TITLE VP	<input type="checkbox"/> Delete
NAME MABRY, JIMMIE G	
STREET ADDRESS 2510 11TH STREET SW	
CITY-ST-ZIP LEHIGH ACRES FL 33971	
TITLE ST	<input type="checkbox"/> Delete
NAME MABRY, MICHAEL	
STREET ADDRESS 5731 HALIFAX DRIVE	
CITY-ST-ZIP FORT MYERS FL 33912	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Mabry, Timmie R	
STREET ADDRESS 1705 Columbus Avenue	
CITY-ST-ZIP Lehigh Acres, FL 33972	
TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Mabry, Jimmie G.	
STREET ADDRESS 5731 Halifax Avenue	
CITY-ST-ZIP Ft. Myers, FL 33912	
TITLE ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Mabry, Michael	
STREET ADDRESS 2600 10th Street SW	
CITY-ST-ZIP Lehigh Acres, FL 33971	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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]* **2/25/00** **941-482-1122**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)