

# 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0623138

Applied For

Not Applicable

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

MABRY, TIMMIE R  
5731 HALIFAX DR  
FORT MYERS FL 33912

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	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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)