

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90077 007 \*\*\*150.00

**DOCUMENT # P96000003132**

1. Entity Name  
**BRACKEN ENGINEERING, INC.**

Principal Place of Business 518 N. TAMPA ST. #920 TAMPA FL 33602	Mailing Address 518 N. TAMPA ST. #920 TAMPA FL 33634-1304
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2. Principal Place of Business 4899 W. Waters Ave Suite A	3. Mailing Address 4899 W. Waters Ave Suite A
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City & State Tampa, FL	City & State Tampa, FL	4. FEI Number 59-3354312	Applied For <input type="checkbox"/> Not Applicable
Zip 33634	Country USA	Zip 33634	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BRACKEN, WILLIAM C 518 N. TAMPA ST. #920 TAMPA FL 33602	7. Name and Address of New Registered Agent Name: Bracken, William C. Street Address (P.O. Box Number is Not Acceptable): 4899 W. Waters Ave. Suite A City: Tampa FL Zip Code: 33634
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	BRACKEN, WILLIAM C PO BOX 340372 TAMPA FL 33694	TITLE PRESIDENT	WILLIAM C. BRACKEN 4899 W. WATERS AVE, SUITE A TAMPA, FL 33634
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: WILLIAM C. BRACKEN 4-24-00 8132434251  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)