

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000047993

1. Entity Name

BROSIS ASSOCIATES, INC.

FILED

Feb 11, 2000 8:00 am  
Secretary of State

02-11-2000 90039 050 \*\*\*150.00

Principal Place of Business: ~~6774 WILLIAMSON WOOD DRIVE~~  
UNIT #1102  
20477 LINKSVIEW WAY  
BOCA RATON FL 33434

Mailing Address

20477 LINKSVIEW WAY  
BOCA RATON FL 33434-4260

2. Principal Place of Business

*none*

3. Mailing Address

6774 willowwood dr

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

1102

Suite, Apt. #, etc.

1102

City & State

*Fla*

City & State

*Boca Raton Fla*

4. FEI Number

65-0260509

Applied For

Not Applicable

Zip

33434

Country

Zip

33434

Country

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

KINGSLEY, BILL  
20477 LINKSVIEW WAY  
BOCA RATON FL 33434

6774 WILLOW WOOD DRIVE  
UNIT #1102  
BOCA RATON, FL 33434

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: *Bill Kingsley*

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)

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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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	KINGSLEY, RITA	
STREET ADDRESS	6774-1102 WILLIAMSON DR	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	D	<input type="checkbox"/> Delete
NAME	KINGSLEY, WILLIAM	
STREET ADDRESS	6774-1102 WILLIAMSON DR	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE		<input type="checkbox"/> Delete
NAME		
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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

*Bill Kingsley* 2/6/2000

Date

Daytime Phone #

1-561  
487-3252