

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90089 001 ***750.00

DOCUMENT # P96000073556

1. Entity Name

BR RECEIVABLES, INC.

Principal Place of Business

Mailing Address

220 S FRANKLIN ST
 TAMPA FL 33602

220 S FRANKLIN ST
 TAMPA FL 33602-5330

2. Principal Place of Business

2000 N. Florida Mangro Rd.

3. Mailing Address

2000 N. Florida Mangro Rd

Suite, Apt. #, etc.

#200

Suite, Apt. #, etc.

#200

City & State

W. PB FL

City & State

W. PB FL

Zip

33409

Country

Palm Beach

Zip

33409

Country

Palm Beach

4. FEI Number

59-3460064

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~GIORDANO, JOHN N~~
~~220 S FRANKLIN ST~~
~~TAMPA FL 33602~~

7. Name and Address of New Registered Agent

Name Deborah Dentry Baggett
 Street Address (P.O. Box Number is Not Acceptable)
2000 N. Florida Mangro Rd
#200
 City W. PB FL Zip Code 33409

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

Deborah Dentry Baggett

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	GIORDANO, JOHN N.	1014 OAKMONT AVE	TAMPA FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<u>Ling Heaton</u>	<u>2000 N. Florida Mangro Rd #200</u>	<u>W. PB FL 33409</u>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>V. President</u>	<u>2000 N. Florida Mangro Rd #200</u>	<u>W. PB FL 33409</u>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>V. President / Secy / Treas</u>	<u>2000 N. Florida Mangro Rd #200</u>	<u>W. PB FL 33409</u>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Deborah Dentry Baggett
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/24/00

DAYTIME PHONE #

561.697.5252

CR2E034 (9/99)