

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90432 011 ***150.00

DOCUMENT # P96000087881

1. Entity Name

Brayshaw Landscaping, Inc. ✓

DO NOT WRITE IN THIS SPACE

670890

2. Principal Place of Business

125 McVickers Lane

3. Mailing Address

125 McVickers Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Middleburg, FL

City & State

Middleburg, FL

4. FEI Number

59-3404964

Applied For

Not Applicable

Zip

32068

Country

US

Zip

32068

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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7. Name and Address of Current Registered Agent

Name

Brayshaw, Kirt W.

Street Address (P.O. Box Number is Not Acceptable)

125 McVickers Lane

City

Middleburg

FL

Zip Code

32068

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)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐ Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
Brayshaw, Kirt W.
125 McVickers Lane
Middleburg, FL 32068

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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 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 #

CR2E034B (12/01)