

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000088202

1. Entity Name

BROMAX, INC.

Principal Place of Business

Mailing Address

1344 LAKE JEFFERY ROAD
LAKE CITY FL 32055

1344 LAKE JEFFERY ROAD
LAKE CITY FL 32055-1812

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3409849

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

OLIVER, ALBERT L JR
1344 LAKE JEFFERY ROAD
LAKE CITY FL 32055

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 PD ☐ Delete
NAME ELLIS, FRANK
STREET ADDRESS ROUTE 10 BOX 435
CITY-ST-ZIP LAKE CITY FL 32025

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME WEATHERSPOON, ROBERT L
STREET ADDRESS ROUTE 10 BOX 448
CITY-ST-ZIP LAKE CITY FL 32025

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MCDANIEL, WILLIE
STREET ADDRESS 1402 BROOKHILL DRIVE
CITY-ST-ZIP FORT MYERS FL 33916

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME CUMMINGS, EDDIE
STREET ADDRESS 3415 S.E. 17TH AVENUE
CITY-ST-ZIP GAINESVILLE FL 32641

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME MAHIN, DANIEL M
STREET ADDRESS 4430 S.E. 14TH TERRACE
CITY-ST-ZIP GAINESVILLE FL 32641

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME OLIVER, ALBERT L JR
STREET ADDRESS 1344 LAKE JEFFERY ROAD
CITY-ST-ZIP LAKE CITY FL 32055

TITLE ☐ Change ☐ 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 #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)