2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90165 047 ***150.00

DOCUMENT # P96000088202

1. Entity Name
BROMAX, INC.

Principal Place of Business
1344 LAKE JEFFERY ROAD
LAKE CITY FL 32055

Mailing Address
1344 LAKE JEFFERY ROAD
LAKE CITY FL 32055

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
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
OLIVER, ALBERT L JR
1344 LAKE JEFFERY ROAD
LAKE CITY FL 32055

7. Name and Address of New Registered Agent
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, 2002 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	TITLE	☐ Change ☐ Addition
NAME	ELLIS, FRANK	NAME	
STREET ADDRESS	ROUTE 10 BOX 435	STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32025	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MCDANIEL, WILLIE	NAME	
STREET ADDRESS	1402 BROOKHILL DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33916	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CUMMINGS, EDDIE	NAME	
STREET ADDRESS	3415 S.E. 17TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32641	CITY-ST-ZIP	
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MAHIN, DANIEL M	NAME	
STREET ADDRESS	4430 S.E. 14TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32641	CITY-ST-ZIP	
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	OLIVER, ALBERT L JR	NAME	
STREET ADDRESS	1344 LAKE JEFFERY ROAD	STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32055	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Albert A Cure REQUIRED 1/22/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)