2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000021688

1. Entity Name

BRANTECH CONSULTING, INC.

Frincipal Place of Business

Mailing Address

. NEWCASTLE ROAD - SCHWILLE FL 32216 6615 NEWCASTLE ROAD JACKSONVILLE FL 32216-2625

2. Principal Place of Business 1056 Jamaica Road East Suite, Apt #, etc. 3. Mailing Address 1056 Jamaica Road East Suite, Apt. #, etc.				st	DO NOT WRITE IN THIS SPACE			
City & State City & State			FL	4.	FEI Number 59-343159	3	→	pplied For
Tackso <u>nville,</u> 32216	Country		Country	5.	Certificate of Status Desired	\$	8.75 Add	
6. Name	and Address of Current R	egistered Agent		7.	Name and Address of New	Registered Ag	ent	
BRANCH, NANCY S 6615 NEWCASTLE ROAD JACKSONVILLE FL 32216			Street Address (P.O. Box, Number is Not Acceptable) 1056 Samaico Road East					
				kson		FL	Zip Code	216
8. The above named entitle SIGNATURE Signature, typed	& BL	the purpose of changing its reg	_	n Pr	esident	1 1	000	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FE After MAY 1, 2000 Fe Make Check Payable to			Fee will be \$5	50.00	10. Election Campaign Fi Trust Fund Contribution			May Be to Fees
11.	OFFICERS AND D		12.	0	DDITIONS/CHANGES TO OF			
	NANCY S /Castle road Ville FL 32216	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Branc 1056 T Jacks	h, Nancy S Jamaica Road onville, FL 37	East	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				_ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE ~ T NAME STREET ADDRESS CITY-ST-ZIP		٠٠ د يا يعد همد تايين ي ٢٠] مرحدر بساد	_}*Change	Addition*
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP]	☐ Change	☐ Addition
TITLE		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			С] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[] Change	☐ Addition
indicated on this repo	rt or supplemental report is the receiver or trustee empower achment with an address, with the control of the c	nis filing does not qualify for the rue and accurate and that my sered to execute this report as that other like empowered. INTED NAME OF SIGNING OFFICER OR A	signature shall harequired by Cha	ave the same pter 607, Flor	legal effect as if made under	oath; that I am ne appears in E	an officer Block 11 or	or director

FILED

Jan 18, 2000 8:00 am Secretary of State

01-18-2000 90142 027 ***150.00

00003274