

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
 04-30-2002 90226 004 ***150.00

DOCUMENT # P97000027844

1. Entity Name

BRACKETT ENGINEERING SERVICES, INC.

Principal Place of Business

~~2305 BEACH BLVD~~
~~STE 104~~
~~JACKSONVILLE BEACH FL 32250~~
~~US~~

Mailing Address

~~2305 BEACH BLVD~~
~~STE 104~~
~~JACKSONVILLE BEACH FL 32250~~
~~US~~

2. Principal Place of Business

13400 SUTTON PARK DR. N

3. Mailing Address

13400 SUTTON PARK DR N,

Suite, Apt. #, etc.

Suite 1503

Suite, Apt. #, etc.

Suite 1503

City & State

Jacksonville, FL.

City & State

Jacksonville, FL

Zip

32224

Country

Duval

Zip

32224

Country

Duval

6. Name and Address of Current Registered Agent

CHRISTIAN, GARY I

3100 UNIVERSITY BLVD SO STE 101
JACKSONVILLE FL 32216

4. FEI Number **59-3599616**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



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

TITLE **D** ☐ Delete
 NAME **BRACKETT, CHARLES T**
 STREET ADDRESS **13440 GERONA DR N**
 CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE **D** ☐ Delete
 NAME **TOWNSEND, VANESSA M**
 STREET ADDRESS **13440 GERONA DR N**
 CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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: Charles T. Brackett **Charles T. Brackett** **4/14/02 (904) 821-7879**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)