

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000033955

1. Entity Name

BRAUTIGAM AGENCY INC.

Principal Place of Business

5700 4TH STREET N
ST. PETERSBURG FL 33703

Mailing Address

5700 4TH STREET N
ST. PETERSBURG FL 33703-2256

2. Principal Place of Business

5700 4th St N

Suite, Apt. #, etc.

NA

City & State

St Petersburg

Zip

33703

Country

Pinellas

3. Mailing Address

Same

Suite, Apt. #, etc.

N/A

City & State

Zip

Country

4. FEI Number

65-0744489

Applied For

Not Applied

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRAUTIGAM, HENRY W
5700 4TH STREET N
ST. PETERSBURG FL 33703

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, 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

TITLE D
NAME BRAUTIGAM, GAIL L
STREET ADDRESS 5700 4TH STREET N
CITY-ST-ZIP ST. PETERSBURG FL 33703 ☐ Delete

TITLE D
NAME BRAUTIGAM, HENRY W
STREET ADDRESS 5700 4TH STREET N
CITY-ST-ZIP ST. PETERSBURG FL 33703 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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 Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gail L. Brautigam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-00 127-526-96