

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90080 035 \*\*\*150.00

DOCUMENT # P97000048872

1. Entity Name  
**STEVE BRASWELL, INC.**



Principal Place of Business

RTE. 1, BOX 344  
MAYO FL 32066

Mailing Address

PO BOX 336  
MAYO FL 32066  
US



2. Principal Place of Business

739 SW Cherokee Rd.  
Suite, Apt. #, etc.

3. Mailing Address

P.O. box 336  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

MAYO FL

City & State

MAYO FL

4. FEI Number

59-3446408

Applied For

Not Applicable

Zip

32066

Country

Zip

32066

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRASWELL, STEVE  
RTE. 1, BOX 344  
MAYO FL 32066

7. Name and Address of New Registered Agent

Name **Steve Braswell**  
Street Address (P.O. Box numbers Not Acceptable)  
**739 SW Cherokee Rd.**  
City **MAYO** FL **32066**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-03

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BRASWELL, STEVE	
STREET ADDRESS	POST OFFICE BOX 336 N/A	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRASWELL, BEVERLY T	
STREET ADDRESS	POST OFFICE BOX 336 N/A	
CITY-ST-ZIP	MAYO FL 32066	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11, if changed, or on an attachment with address, with all other like empowered.

SIGNATURE:

**Steve Braswell**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-03 386-294-1399

CR2E034 (10/02)