

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000061315

1. Entity Name

DE-BRAE, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90143 018 ***150.00

Principal Place of Business

Mailing Address

19420 TURKEY RUN LN.
 ALVA FL 33920

19420 TURKEY RUN LA
 ALVA FL 33920-3009
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0769530

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINESETT, RICHARD W
 2248 FIRST STREET
 FORT MYERS FL 33901

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST ☐ Delete
 NAME TAYLOR, DEBBIE L
 STREET ADDRESS 19420 TURKEY RUN LN.
 CITY-ST-ZIP ALVA FL 33920

TITLE D V S ☒ Change ☐ Addition
 NAME DEBBIE L. TAYLOR
 STREET ADDRESS 19420 TURKEY RUN LA
 CITY-ST-ZIP ALVA FL 33920

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D P T ☐ Change ☒ Addition
 NAME WILLIAM RAY TAYLOR
 STREET ADDRESS 19420 TURKEY RUN LA
 CITY-ST-ZIP ALVA FL 33920

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 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:

Debbie L. Taylor DEBBIE L. TAYLOR

Date

4-24-2000

Daytime Phone #

941-731-1377

CR2E034 (9/99)