

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2002 8:00 am
Secretary of State

07-10-2002 90197 030 ***555.00

DOCUMENT # P97000070143

1. Entity Name
BRANFORD PLAZA, INC.

Principal Place of Business

POST OFFICE BOX 1821
 BRANFORD FL 32008

Mailing Address

(POST OFFICE BOX 821
 BRANFORD FL 32008)

2. Principal Place of Business

109 SW Hwy 27
 Suite, Apt. #, etc.

3. Mailing Address

21838 47 D1
 Suite, Apt. #, etc.

City & State

BRANFORD FL

City & State

LAKE CITY FL

4. FEI Number

59-3469413

Applied For

☐ Not Applicable

Zip

32008

Country

USA

Zip

32024

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRIMMETT, JOEL F JR.
 109 S.W. HIGHWAY U.S. 127
 BRANFORD FL 32008

7. Name and Address of New Registered Agent

Name: AMANDA M. GRIMMETT
 Street Address (P.O. Box Number is Not Acceptable): 21838 47 D1
 Lake City FL 32024
 City: LAKE CITY FL Zip Code: 32024

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 GRIMMETT, JOEL F JR.
STREET ADDRESS 21838 47 DRIVE
CITY-ST-ZIP LAKE CITY FL 32024

TITLE D ☒ Delete
NAME GRIMMETT, AMANDA M
STREET ADDRESS 21838 47 DRIVE
CITY-ST-ZIP LAKE CITY FL 32024

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 President ☒ Change ☐ Addition
NAME AMANDA M. GRIMMETT
STREET ADDRESS 21838 47 D1
CITY-ST-ZIP LAKE CITY FL 32024

TITLE ☐ Change ☒ Addition
NAME THOMAS C. MULLINS
STREET ADDRESS 1029 NO NAME RD
CITY-ST-ZIP BRANFORD FL 32008
Vice President

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:

AMANDA M. GRIMMETT PRES.
 7/6/02 386-935-2179

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)