

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000076430

1. Entity Name

BRIEFCASE, INCORPORATED

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90339 005 ***150.00

Principal Place of Business

4165 LOCKHART DR.
JACKSONVILLE FL 32209

Mailing Address

4165 LOCKHART DR.
JACKSONVILLE FL 32209-1927

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 **59-3474148**

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

BRANNON, GRAYLING E
1536 NORTH JEFFERSON STREET
JACKSONVILLE FL 32209

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	DVP	<input type="checkbox"/> Delete
NAME	SAWYER, CHARLES	
STREET ADDRESS	5720 PERRY ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	DS	<input type="checkbox"/> Delete
NAME	FLETCHER, DWAYNE	
STREET ADDRESS	3856 O'REILY DR WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	P	<input type="checkbox"/> Delete
NAME	STEWART, MALVENIA	
STREET ADDRESS	11011 HARTS RD. 310	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	T	<input type="checkbox"/> Delete
NAME	HILL, MONIQUE	
STREET ADDRESS	6291 E. CRANBERRY LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	BM	<input checked="" type="checkbox"/> Delete
NAME	MCQUEEN, ALONZO	
STREET ADDRESS	2166 JAMMES RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE		<input type="checkbox"/> Delete
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
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/11/00 9042150199

CR2E034 (9/99)