2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P97000085180** Feb 19, 2000 8:00 am **Secretary of State** GERALD G. BROCHU, INC. 02-19-2000 90003 001 ***150.00 Principal Place of Business Mailing Address 8844 RIDGE ROAD 8844 RIDGE ROAD LARGO FL 33775-7924 LARGO FL 33772 3. Mailing Address 2. Principal Place of Business P. O. Box 7924 Suite, Apt. #, etc. 7924 DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3465819 Sem:nede Seminole Not Applicable Country & A . \$8.75 Additional 5. Certificate of Status Desired 33775 33 77*5* Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -BROCHU, GERALD G Street Address (P.O. Box Number is Not Acceptable) 8844 RIDGE ROAD **LARGO FL 33772** Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change : ☐ Addition TITLE Delete TITLE BROCHU, GERALD G. BROCHU, GERALD G NAME NAME 7917 CAUSEWAY BLUD. N. 8844 RIDGE ROAD STREET ADDRESS STREET ADDRESS 33 707 FL ST. PETERS BURG CITY-ST-ZIP LARGO FL 33772 CITY-ST-ZIP D Delete BROCHU, GILBERTA M. TITLE BROCHU, GILBERTA M NAME NAME 79/7 CAUSEWAY BLVD. 8844 RIDGE ROAD STREET ADDRESS STREET ADDRESS PETERS BURG CITY-ST-ZIP CITY-ST-7IP LARGO FL 33772 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP □ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE ☐ Change HILE NAME SINEE! ACCRESS STREET ADDRESS ST ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.