

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091343

1. Entity Name

BRITTON SERVICES INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90087 016 ***150.00

Principal Place of Business

5807 CHANNEL DRIVE
 GREENACRES FL 33463
 US

Mailing Address

P.O. BOX 17247
 WEST PALM BEACH FL 33416-7247
 US

2. Principal Place of Business

4771 ORLEANS CT #3
 Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 17247
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach FL

City & State

West Palm Bch FL

4. FEI Number

65-0791819

Applied For

☒ Not Applicable

Zip

33415

Country

Repor. U.S.

Zip

33416

Country

U.S.

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

BRITTON, COREY
 4171 BOUGANVILLE ST.
 W. PALM BEACH FL 33406

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 NAME STREET ADDRESS CITY-ST-ZIP	P. BRITTON, COREY 4171 BOUGANVILLE ST. W. PALM BEACH FL 33406	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRITTON, SAWANDA 4171 BOUGANVILLE ST. W. PALM BEACH FL 33406	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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 #

4/25/00

561-434-0554