

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091343

1. Entity Name

BRITTON SERVICES INC.

FILED

May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90193 050 \*\*\*150.00

Principal Place of Business

4771 ORLEANS CT.  
WEST PALM BEACH FL 33415  
US

Mailing Address

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

2. Principal Place of Business

3987 10th Ave N.

3. Mailing Address

P.O. Box 17247

Suite, Apt. #, etc.

LAKE WORTH FL.

Suite, Apt. #, etc.

WEST PALM BEACH FL.

City & State

City & State

4. FEI Number 65-0791819

Applied For

Not Applicable

Zip

Country

Palm Beach

Zip

33416

Country

Palm Beach

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	BRITTON, COREY	
STREET ADDRESS	4171 BOUGANVILLE ST.	
CITY-ST-ZIP	W. PALM BEACH FL 33406	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRITTON, SAWANDA	
STREET ADDRESS	4171 BOUGANVILLE ST.	
CITY-ST-ZIP	W. PALM BEACH FL 33406	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

4/26/01

Date

Daytime Phone #

CR2E034 (10/00)