

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094054

1. Entity Name

BRACKETT & COMPANY

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90232 047 ***158.75

Principal Place of Business

Mailing Address

2066 14TH AVE
VERO BEACH FL 32960

2066 14TH AVE
VERO BEACH FL 32960-3430

2. Principal Place of Business

3. Mailing Address

800 8th Street

800 8th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

Suite A

City & State

City & State

VERO BEACH, FL

VERO BEACH, FL

Zip

Zip

32962

Country

Country

4. FEI Number 59-3484771

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

BRACKETT, MARK A
1507 25TH AVE
VERO BEACH FL 32960

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 ☐ Delete

NAME BRACKETT, MARK

STREET ADDRESS 1507 25TH AVE
CITY-ST-ZIP VERO BEACH FL 32960

TITLE ☐ Delete

NAME BRACKETT, KELLY

STREET ADDRESS 1507 25TH AVE
CITY-ST-ZIP VERO BEACH FL 32960

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

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-00 561-567-9255

CR2E034 (9/99)