

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104279

1. Entity Name

BRITTON CUSTOM CARPENTRY, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90044 047 ***150.00

Principal Place of Business

1067 SHADICK
UNIT E
ORANGE CITY FL 32720
US

Mailing Address

1067 SHADICK
UNIT E
ORANGE CITY FL 32763-8949
US

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

59-3480498

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

LAURIA, RONALD G
620 CRANES WAY, SUITE 207
ALTAMONTE SPRINGS FL 32701

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 DP ☐ Delete
NAME BRITTON, DEAN W
STREET ADDRESS 1571 MARGARET STREET
CITY-ST-ZIP DELAND FL 32720

TITLE DP ☒ Change ☐ Addition
NAME Britton, Dean W
STREET ADDRESS 1067 E Shadick Dr
CITY-ST-ZIP Orange City, FL 32763

TITLE DST ☐ Delete
NAME HOEFER, ELIZABETH L
STREET ADDRESS 1571 MARGARET STREET
CITY-ST-ZIP DELAND FL 32720

TITLE DST ☒ Change ☐ Addition
NAME Hoefler, Elizabeth L.
STREET ADDRESS 1067 E Shadick Dr.
CITY-ST-ZIP Orange City, FL 32763

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 reports 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904)
3-6-00 917-0277

CR2E034 (9/99)