

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90035 044 ***150.00

043045 AV

DOCUMENT # P97000107281

1. Entity Name

BRANDON RESTAURANT EQUIPMENT & SUPPLIES, INC.

Principal Place of Business

**5408 EAST BROADWAY
TAMPA FL 33619**

Mailing Address

**5408 EAST BROADWAY
TAMPA FL 33619**

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

59-3483466

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**REIBER, JACOB I
26650 SR 54
LUTZ FL 33549**

7. Name and Address of New Registered Agent

Name

JAMES O'BRIEN

Street Address (P.O. Box Number is Not Acceptable)

7515 OLCOTT DR.

City

Wesley Chapel

FL

Zip Code

33543

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

James O'Brien
Signature, typed or printed name of registered agent and title if applicable.

JAMES O'BRIEN

(NOTE: Registered Agent signature required when reinstating)

4-22-02

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, 2002 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

TITLE ☐ Delete
NAME **D WINKLER, BERNARD**
STREET ADDRESS **6229 TOWER RD**
CITY-ST-ZIP **LAND O'LAKES FL 34639**

TITLE ☐ Delete
NAME **D WINKLER, LYNN**
STREET ADDRESS **6229 TOWER RD**
CITY-ST-ZIP **LAND O'LAKES FL 34639**

TITLE ☐ Delete
NAME **D O'BRIEN, JAMES**
STREET ADDRESS **7515 OLCOTT DR**
CITY-ST-ZIP **WESLEY CHAPEL FL 33543**

TITLE ☐ Delete
NAME **D TROUT, MAUREEN S**
STREET ADDRESS **204 NITA DRIVE**
CITY-ST-ZIP **SEFFNER FL 33584**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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 #

CR2E034 (9/01)