

2000 UNIFORM BUSINESS REPORT (UBR)

6/

FILED
Jul 06, 2000 8:00 am
Secretary of State

06-08-2000 90004 044 ***150.00

DOCUMENT # **p98000000497**

1. Entity Name

BROOKS ELECTRICAL CONTRACTORS INC.

Principal Place of Business

**125 CHEROKEE ST.
 SATSUMA FL.
 32189**

Mailing Address

**P.O. Box 1535
 PALATKA FL.
 32178**

2. Principal Place of Business

125 CHEROKEE ST
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1535
 Suite, Apt. #, etc.

City & State

SATSUMA FL.

City & State

PALATKA FL

4. FEI Number

54-3509600

Applied For

Not Applicable

Zip

32189

Country

USA

Zip

32178

Country

USA

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

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)

OWNER

DATE

06/23/00

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	TIMOTHY A. BROOKS <input type="checkbox"/> Delete OWNER P.O. Box 1535 PALATKA FL. 32178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RONELL J. BROOKS <input type="checkbox"/> Delete V.P. P.O. Box 1535 PALATKA FL. 32178
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"/> 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

TIMOTHY A. BROOKS

Date

21 MAY 00

Daytime Phone #

904-328-0511

CR:E034 (9/99)