2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2001 8:00 am Secretary of State DOCUMENT # P98000011478 BRIGANTE & SONS ENTERPRISES, INC. 05-01-2001 90034 023 ***158.75 Principal Place of Business Mailing Address 263 SANTA ROSA DRIVE 263 SANTA ROSA DRIVE WINTER HAVEN FL 33884 WINTER HAVEN FL 33884 2. Principal Place of Business 3. Mailing Address 263 SAUTA ROSA 263 SAUTA ROSA DR DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0812661 WINTER Not Applicable HAVE WINTER \$8.75 Additional 5. Certificate of Status Desired 33884 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRIGANTE, ANDREW Street Address (P.O. Box Number is Not Acceptable) 263 SANTA ROSA DRIVE WINTER HAVEN FL 33884 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Addition BRIGANTE, ANDREW NAME NAME 263 SANTA ROSA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33884 CiTY-ST-ZIP TITLE Delete THILE ☐ Change ☐ Addition BRIGANTE, ANDREW J NAME NAME 263 SANTA ROSA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33884 CITY-SI-ZIP TITLE ☐ Defete TITLE Addition | ☐ Chance BRIGANTE, MAUREEN NAME NAME 263 SANTA ROSA DRIVE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP WINTER HAVEN FL 33884 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition BRIGANTE, JOSEPH NAM:E NAME 263 SANTA ROSA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-Z!P WINTER HAVEN FL 33884 CITY-ST-ZIP ☐ Delete TITLE HILLE Addition Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TILLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS 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.