

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000016281**

1. Entity Name

Advanced Brett's Mobility Center Inc

FILED

02 MAY 14 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 560 PINE ISLAND RD #2 N FT MYERS FL 33903		Mailing Address 560 PINE ISLAND RD #2 N FT MYERS FL 33903	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0819120		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent BRETT, EDWARD 560 PINE ISLAND RD #2 N FT MYERS FL 33903		7. Name and Address of New Registered Agent Name <i>Gene T Gunn</i> Street Address (P.O. Box Number is Not Acceptable) <i>560 Pine Island Rd #2</i> City <i>N. Ft Myers</i> FL <i>33903</i>	
---	--	---	--

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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PO	☒ Delete	TITLE <i>President</i>	☒ Change ☐ Addition
NAME BRETT, EDWARD		NAME <i>Gene T Gunn</i>	
STREET ADDRESS 560 PINE ISLAND RD #2		STREET ADDRESS <i>560 Pine Island Rd #2</i>	
CITY-ST-ZIP N FT MYERS FL 33903		CITY-ST-ZIP <i>N Ft Myers FL 33903</i>	
TITLE TD	☒ Delete	TITLE <i>Gene T Gunn</i>	☒ Change ☐ Addition
NAME BRETT, DEBORAH M		NAME <i>Gene T Gunn</i>	
STREET ADDRESS 560 PINE ISLAND RD #2		STREET ADDRESS <i>560 Pine Island Rd #2</i>	
CITY-ST-ZIP N FT MYERS FL 33903		CITY-ST-ZIP <i>N Ft Myers FL 33903</i>	
TITLE CO	☒ Delete	TITLE <i>Gene T Gunn</i>	☒ Change ☐ Addition
NAME GUNN, SALLY A		NAME <i>Gene T Gunn</i>	
STREET ADDRESS 207 FRAZER AVE		STREET ADDRESS <i>560 Pine Island Rd #2</i>	
CITY-ST-ZIP LAKE FL 33935		CITY-ST-ZIP <i>N Ft Myers FL 33903</i>	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

Gene T Gunn President *Gene Gunn* 1/22/02 941-997-3000
Gene Gunn 4/5/02 941-997-3000