

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081095

1. Entity Name

SOMMERSBY REALTY, INC.

Principal Place of Business

200 FORREST AVE.  
SUITE A  
COCOA FL 32922

Mailing Address

200 FORREST AVE.  
SUITE A  
COCOA FL 32922-7721

2. Principal Place of Business

2101 U.S. 1

Suite, Apt. #, etc.

3. Mailing Address

2101 U.S. 1

Suite, Apt. #, etc.

City & State

Rockledge, FL

Zip

32955

Country

Brevard

City & State

Rockledge, FL

Zip

32955

Country

Brevard

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

BRACKETT, DEBORAH E  
200 FORREST AVE  
SUITE A  
COCOA FL 32922

7. Name and Address of New Registered Agent

Name Kent Browner

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

2101 U.S. 1

City

Rockledge

FL

Zip Code 32955

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)

4/14/00

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

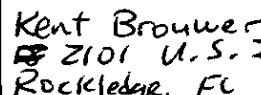
## 11. OFFICERS AND DIRECTORS

## 12.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change  Addition

TITLE D  Delete  
NAME CAMPBELL, DEBORAH  
STREET ADDRESS 200 FORREST AVE., SUITE A  
CITY-ST-ZIP COCOA FL 32922

TITLE Kent Browner  
NAME   
STREET ADDRESS 2101 U.S. 1  
CITY-ST-ZIP Rockledge, FL 32955

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

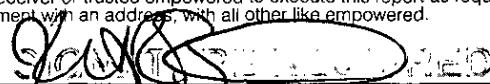
Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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

4/14/00

321-690-2228

Date

Daytime Phone #

CR2E034 1999