

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90138 011 ***150.00

DOCUMENT # P98000100460

1. Entity Name

BRACKEN, INC.

Principal Place of Business

Mailing Address

**301 LAKESHORE DR
 #704
 WEST PALM BEACH FL 33403**

**301 LAKESHORE DR
 #704
 WEST PALM BEACH FL 33403-3502**

2. Principal Place of Business

3. Mailing Address

301 LAKESHORE DR

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

704

City & State

City & State

W. P. B.

FLA.

Zip

Country

Zip

Country

33403

USA

33403

USA

4. FEI Number

65-0879505

Applied For

Not Applied

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

**BRACKEN, M. SCOTT
 301 LAKESHORE DR
 #704
 WEST PALM BEACH FL 33403**

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)

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 Additional Fee Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **BRACKEN, M. SCOTT**
 STREET ADDRESS **301 LAKESHORE DR #704**
 CITY-ST-ZIP **WEST PALM BEACH FL 33403**

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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, 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 #

1-31-00 561-863-4357