

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90190 020 ***150.00

DOCUMENT # P98000100460

1. Entity Name

BRACKEN, INC.

Wrong Address AGAIN!!

Principal Place of Business

**801 LAKE SHORE DR
 #704
 WEST PALM BEACH FL 33403**

Mailing Address

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

612830

2. Principal Place of Business

3. Mailing Address

301 LAKESHORE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

W.P.B

City & State

FLA.

Zip

33403

Country

U.S.A.

Zip

Country

4. FEI Number

65-0879505

Applied For

☒ Not Applicable

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, 2001 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 **P** ☐ Delete
 NAME **BRACKEN, M. SCOTT**
 STREET ADDRESS **301 LAKESHORE DR #704**
 CITY-ST-ZIP **WEST PALM BEACH FL 33403**

TITLE ☐ Change ☐ Addition
 NAME **NONE**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-2010 561-863-4395

CR2E034 (10/00)