

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # P98000101696

1. Entity Name

BROOKS RANGE INTERNATIONAL, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90057 009 \*\*\*150.00

Principal Place of Business

Mailing Address

5000 SAN JOSE BLVD.  
APT. 195  
JACKSONVILLE FL 32207

5000 SAN JOSE BLVD.  
APT. 195  
JACKSONVILLE FL 32207-7641

2. Principal Place of Business

1601 N. CENTRAL AVE

3. Mailing Address

1601 N. CENTRAL AVE

Suite, Apt. #, etc.

# 801

Suite, Apt. #, etc.

# 801

City & State

FLAGLER BEACH, FL

City & State

FLAGLER BEACH, FL

Zip

32136

Country

FLAGLER

Zip

32136

Country

FLAGLER



DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED FOR**  
PP 59-3571779

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EINSPAHR, DEAN BROOKS  
5000 SAN JOSE BLVD.  
APT. 195  
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name **EINSPAHR, DEAN BROOKS**  
Street Address (P.O. Box Number is Not Acceptable)  
**1601 N. CENTRAL AVE #801**  
City **FLAGLER BEACH** FL Zip Code **32136**

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 Dean Einspahr **DEAN EINSPAHR**  
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 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PTS	<input type="checkbox"/> Delete
NAME	EINSPAHR, DEAN B	
STREET ADDRESS	5000 SAN JOSE BLVD #195 1601 N. CENTRAL AVE	
CITY-ST-ZIP	JAX FL 32207 #801	
TITLE		<input type="checkbox"/> Delete
NAME	FLAGLER BEACH,	
STREET ADDRESS		
CITY-ST-ZIP	FL 32136	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE Dean Einspahr **DEAN EINSPAHR**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-00 904-439-3023  
Date Daytime Phone #

CR2E034 (9/99)