

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010474

1. Entity Name

THE BRASS RING UNLIMITED INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90080 050 ***150.00

Principal Place of Business

145 MITNIK DR.
DELTONA FL 32738

Mailing Address

145 MITNIK DR.
DELTONA FL 32738-9377

2. Principal Place of Business

848 CARSWELL AVE

3. Mailing Address

PO BOX 1411

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLY HILL FLORIDA

City & State

Daytona Beach Florida

4. FEI Number

59-3557982

Applied For

Not Applicable

Zip

32117

Country

USA

Zip

32115

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHEFSKY, JODY J
145 MITNIK DR.
DELTONA FL 32738

7. Name and Address of New Registered Agent

Name

SCHEFSKY, JODY J

Street Address (P.O. Box Numbers Not Acceptable)

848 Carswell Ave

City

Holly Hill

FL

Zip Code

32117

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

Jody J. Schefsky

Jody J. Schefsky owner

3/17/00

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	D	<input type="checkbox"/> Delete
NAME	SCHEFSKY, MARC D	
STREET ADDRESS	145 MITNIK DR.	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHEFSKY, JODY J	
STREET ADDRESS	145 MITNIK DR.	
CITY-ST-ZIP	DELTONA FL 32738	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	848 Carswell Ave	(Address)
STREET ADDRESS	Holly Hill FL 32117	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	848 Carswell Ave	(Address)
STREET ADDRESS	Holly Hill FL 32117	
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:

Jody J. Schefsky Jody J. Schefsky

3/17/00

904-677-7088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)