

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010474

1. Entity Name

THE BRASS RING UNLIMITED INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90013 004 ***150.00

Principal Place of Business

148 CARSWELL AVE
DAYTONA BEACH FL 32117

Mailing Address

PO BOX 1411
DAYTONA BEACH FL 32115

2. Principal Place of Business

848 CARSWELL AVE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

HOLLY HILL, FL

City & State

4. FEI Number

59-3557982

Applied For

Not Applicable

Zip

32117

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHEFSKY, JODY J
848 CARSWELL AVE
DAYTONA BEACH FL 32117

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
NAME **SCHEFSKY, MARC D**
STREET ADDRESS **848 CARSWELL AVE**
CITY-ST-ZIP **HOLLY HIL FL 32117**

TITLE **D** ☐ Delete
NAME **SCHEFSKY, JODY J**
STREET ADDRESS **848 CARSWELL AVE**
CITY-ST-ZIP **HOLLY HILL FL 32117**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JODY SCHEFSKY

4/17/01

Date

904-677-7088

Daytime Phone #

CR2E034 (10/00)