

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024211

1. Entity Name

BRANDES ENGINEERING, INCORPORATED

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90088 015 \*\*\*158.75

A0009736



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4215 E. BAY DR. #1210A  
CLEARWATER FL 33764

4215 E. BAY DR. #1210A  
CLEARWATER FL 33764-6986

2. Principal Place of Business

3. Mailing Address

1311 N. WESTSHORE BLVD. 1311 N. WESTSHORE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 316

SUITE 316

City & State

City & State

TAMPA, FL

TAMPA, FL 33607

Zip

Country

Zip

Country

33607

USA

33607

USA

4. FEI Number

Applied For

59-3561657

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

BRANDES, DARREN P  
4215 E. BAY DR. #1210A  
CLEARWATER FL 33764

Name

DARREN P BRANDES

Street Address (P.O. Box Number is Not Acceptable)

1311 N WESTSHORE BLVD.

SUITE 316

City

TAMPA

FL

Zip Code

33607

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]* DARREN P. BRANDES, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P/T/S/D
STREET ADDRESS	DARREN P. BRANDES
CITY-ST-ZIP	1311 N WESTSHORE BLVD. SUITE 316 TAMPA, FL. 33607
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:

SIGNATURE AND FIRM OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* DARREN P. BRANDES, PRESIDENT 1-15-2000 (813) 636-9767

CR2E034 (9/99)