

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028259

1. Entity Name

BRENDA SHIRLEY & ASSOCIATES, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90050 028 ***150.00

Principal Place of Business

Mailing Address

1819 MAPLE LEAF BLVD
OLDSMAR FL 34677

1819 MAPLE LEAF BLVD
OLDSMAR FL 34677-2731

2. Principal Place of Business

1810 Mapleleaf Blvd
Suite, Apt. #, etc.

3. Mailing Address

1810 Mapleleaf Blvd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Oldsmar FL

City & State

Oldsmar FL

4. FEI Number

59-3571210

Applied For

Not Applicable

Zip

34677

Country

Pirellas

Zip

34677

Country

Pirellas

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

SHIRLEY, BRENDA
1810 MAPLE LEAF BLVD
OLDSMAR FL 34677

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, 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 ☐ Delete
NAME D
STREET ADDRESS SHIRLEY, BRENDA
CITY-ST-ZIP 1810 MAPLELEAF BLVD
OLDSMAR FL 34677

TITLE ☐ Delete
NAME D
STREET ADDRESS MUNIZ, CESAR
CITY-ST-ZIP 1810 MAPLELEAF BLVD
OLDSMAR FL 34677

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/00 813-814-2705