

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90033 049 ***150.00

0864315 SP

DOCUMENT # P99000028259

1. Entity Name

BRENDA SHIRLEY & ASSOCIATES, INC.

Principal Place of Business

1810 MAPLE LEAF BLVD
 OLDSMAR FL 34677

Mailing Address

1810 MAPLE LEAF BLVD
 OLDSMAR FL 34677

2. Principal Place of Business

524 Lucerne Ave

3. Mailing Address

524 Lucerne Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa FL

Zip

Country

33606 Hillsborough

Zip

Country

33606 Hillsborough

6. Name and Address of Current Registered Agent

SHIRLEY, BRENDA
 1810 MAPLE LEAF BLVD
 OLDSMAR FL 34677

7. Name and Address of New Registered Agent

Name: Brenda Shirley
 Street Address (P.O. Box Number is Not Acceptable): 524 Lucerne Ave
 City: Tampa FL Zip: 33606

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, 2002 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	SHIRLEY, BRENDA	
STREET ADDRESS	1810 MAPLELEAF BLVD	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUNIZ, CESAR	
STREET ADDRESS	1810 MAPLELEAF BLVD	
CITY-ST-ZIP	OLDSMAR FL 34677	
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	address	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	524 Lucerne Ave	
STREET ADDRESS	Tampa FL 33606	
CITY-ST-ZIP		
TITLE	address	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	524 Lucerne Ave	
STREET ADDRESS	Tampa FL 33606	
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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)