

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028629

1. Entity Name

BR+A-FLORIDA, INC.

Principal Place of Business

1301 BEVILLE ROAD, SUITE 10
DAYTONA BEACH FL 32707

Mailing Address

1801 BEVILLE ROAD, SUITE 10
DAYTONA BEACH FL 32707

2. Principal Place of Business

20 N. ORANGE AVE

3. Mailing Address

20 N. ORANGE AVE

Suite, Apt. #, etc.

SUITE 401

Suite, Apt. #, etc.

SUITE 401

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32801

Country

USA

Zip

32801

Country

USA

4. FEI Number

APPLIED FOR

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POOL, RANDAL L
1301 BEVILLE ROAD, SUITE 10
DAYTONA BEACH FL 32707

7. Name and Address of New Registered Agent

Name

POOL, R. L.

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

20 N. ORANGE AVE

SUITE 401

City

ORLANDO

FL

Zip Code
32801

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	PD	<input type="checkbox"/> Delete
NAME	POOL, RANDAL L	
STREET ADDRESS	1320 SOLDIERS FIELD ROAD	
CITY-ST-ZIP	BOSTON MA 02135	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BARD, EUGENE M	
STREET ADDRESS	1320 SOLDIERS FIELD ROAD	
CITY-ST-ZIP	BOSTON MA 02135	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	20 NORTH ORANGE AVE, SUITE 401	
CITY-ST-ZIP	ORLANDO FL 32801	
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:

Randal L. Pool RANDAL L. POOL

1/11/01

407-316-4960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1

FILED
Mar 28, 2001 8:00 am
Secretary of State

02-20-2001 90069 042 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

Attachment #D99000020629/32484

Form **SS-4**

(Rev. February 1998)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)

BR+A- FLORIDA, INC.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

RANDAL C. POOL

4a Mailing address (street address) (room, apt., or suite no.)

20 N. ORANGE AVE, SUITE 401

5a Business address (if different from address on lines 4a and 4b)

SAME

4b City, state, and ZIP code

ORLANDO, FL 32801

5b City, state, and ZIP code

SAME

6 County and state where principal business is located

ORANGE COUNTY, FL

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ►

RANDAL C. POOL

246-21-4007

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN)

☐ Estate (SSN of decedent)

☐ Partnership

☐ Personal service corp.

☐ Plan administrator (SSN)

☐ REMIC

☐ National Guard

☒ Other corporation (specify) ►

CONSULTING ENGINEERING SERVICES

☐ State/local government

☐ Farmers' cooperative

☐ Trust

☐ Church or church-controlled organization

☐ Federal government/military

☐ Other nonprofit organization (specify) ►

(enter GEN if applicable)

☐ Other (specify) ►

8b If a corporation, name the state or foreign country (if applicable) where incorporated

FLORIDA

State

FLORIDA

Foreign country

9 Reason for applying (Check only one box.) (see instructions)

☒ Started new business (specify type) ►

CONSULTING ENGINEERING

☐ Banking purpose (specify purpose) ►

☐ Changed type of organization (specify new type) ►

☐ Purchased going business

☐ Hired employees (Check the box and see line 12.)

☐ Created a trust (specify type) ►

☐ Created a pension plan (specify type) ►

☐ Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions)

MARCH 23, 1999

11 Closing month of accounting year (see instructions)

DECEMBER

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ►

N/A

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ►

Nonagricultural

Agricultural

Household

0

14 Principal activity (see instructions) ► **CONSULTING ENGINEERING FOR BUILDING DESIGN**

15 Is the principal business activity manufacturing?

☐ Yes

☒ No

If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box.

☐ Public (retail)

☐ Other (specify) ►

☒ Business (wholesale)

☐ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business?

☐ Yes

☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ►

Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

407-316-4960

Fax telephone number (include area code)

407-316-4961

Name and title (Please type or print clearly.) ► **RANDAL C. POOL, PRESIDENT**

Signature ►

[Signature]

Date ► **3/15/01**

Note: Do not write below this line. For official use only.

Please leave blank ►

Geo.

Ind.

Class

Size

Reason for applying