2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P99000039093** May 08, 2000 8:00 am Secretary of State BRANTLY BUILDERS, INC. 05-08-2000 90180 007 ***150.00 Principal Place of Business Mailing Address 10265 BEAR VALLEY ROAD 10265 BEAR VALLEY ROAD IACKSONVILLE FL 32257-5933 JACKSONVILLE FL 32257-5933 3. Mailing Address 2. Principal Place of Business 5225 At la 5225 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 59-3571126 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 3208 2086 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRANTLY, DEAN L Street Address (P.O. Box Number is Not Acceptable 10265 BEAR VALLEY ROAD JACKSONVILLE FL 32257-5933 Zip Code 34 8. The above named entity submits this statement for the purpose of changing its registered office or registered agon, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE BRANTLY, DEAN L NAME NAME STREET ADDRESS 10265 BEAR VALLEY ROAD STREET ADDRESS CITY-ST-ZIP 32084 CITY-ST-7IP JACKSONVILLE FL 32257-5933 Addition ☐ Delete TITLE TITLE Branth BRANTLY, PRUDA E NAME NAME 225 STREET ADDRESS 10265 BEAR VALLEY ROAD STREET ADDRESS CITY-ST-ZIP 32084 CITY-ST-ZIP JACKSONVILLE FL 32257-5933 ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP

13. Thereby 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

Addition