

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91587 024 ***150.00

DOCUMENT # P99000039093
1. Entity Name
BRANTLY BUILDERS, INC. ✓

Principal Place of Business 5225 Atlantic View
St. Augustine, FL
32084
Mailing Address 5225 Atlantic View
St. Augustine, FL
32084

2. Principal Place of Business 5225 Atlantic View
3. Mailing Address 5225 Atlantic View
Suite, Apt. #, etc.

City & State St. Augustine, Florida
Zip 32080 **Country** USA
City & State St. Augustine, Florida
Zip 32080 **Country** USA

4. FEI Number 593571126 **Applied For**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Dean L. Brantly
5225 Atlantic View
St. Augustine, FL 32084

7. Name and Address of New Registered Agent
Name Dean L. Brantly
Street Address (P.O. Box Number is Not Acceptable)
5225 Atlantic View
City St. Augustine **FL** **Zip Code** 32080

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] **DATE** 30 April 01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		
TITLE	NAME	☐ Delete
STREET ADDRESS	<u>PD Dean L. Brantly</u>	
CITY-ST-ZIP	<u>5225 Atlantic View</u>	
	<u>St. Augustine, FL 32084</u>	
TITLE	NAME	☐ Delete
STREET ADDRESS	<u>STD Prude E. Brantly</u>	
CITY-ST-ZIP	<u>5225 Atlantic View</u>	
	<u>St. Augustine, FL 32084</u>	
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	☒ Change ☐ Addition
STREET ADDRESS	<u>PD Dean L. Brantly</u>	
CITY-ST-ZIP	<u>5225 Atlantic View</u>	
	<u>St. Augustine, FL 32080</u>	
TITLE	NAME	☒ Change ☐ Addition
STREET ADDRESS	<u>STD Prude E. Brantly</u>	
CITY-ST-ZIP	<u>5225 Atlantic View</u>	
	<u>St. Augustine, FL 32080</u>	
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition
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 807, 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] **DATE** 30 April 01 **Daytime Phone #** 904-471-2436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)