

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040981

1. Entity Name

BROAS-ATTWOOD JEWELERS, INC.

FILED**May 18, 2000 8:00 am**
Secretary of State

05-18-2000 90465 045 ***150.00

Principal Place of Business

Mailing Address

11003 OAK RIDGE DR. N.
JACKSONVILLE FL 3222511003 OAK RIDGE DR. N.
JACKSONVILLE FL 32225-2814

2. Principal Place of Business

3. Mailing Address

10950 San Jose Blvd.

Suite, Apt. #, etc.

Ste 59

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

Country

32223-6071 Duval

Zip

Country

4. FEI Number

59-3574894

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROAS, MICHAEL T
11003 OAK RIDGE DR. N.
JACKSONVILLE FL 32225

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☐ Delete
NAME BROAS, MICHAEL T
STREET ADDRESS 11003 OAK RIDGE DR. N.
CITY-ST-ZIP JACKSONVILLE FL 32225TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VSD ☐ Delete
NAME ATTWOOD, ROBIN J
STREET ADDRESS 1628 RIVERGATE DR.
CITY-ST-ZIP JACKSONVILLE FL 32223TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-00

904 288 8750

CR2E034 (9/99)