

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048908

1. Entity Name

BRYCON INDUSTRIES, INC.

FILED

May 18, 2000 8:00 am
Secretary of State

05-18-2000 90293 004 ***150.00

Principal Place of Business

Mailing Address

5245 TREE WAY LANE S.
JACKSONVILLE FL 32258

5245 TREE WAY LANE S.
JACKSONVILLE FL 32258-2298

2. Principal Place of Business

3617 Crown Pt. Rd.

3. Mailing Address

P.O. Box 24668

Suite, Apt. #, etc.

#4

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville FL

4. FEI Number

59-3578878

Applied For

Not Applicable

Zip

32257

Country

USA

Zip

32241

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUNCH, BRIAN
5245 TREE WAY LANE S.
JACKSONVILLE FL 32258

7. Name and Address of New Registered Agent

Name Meredith A. Hernandez

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

3617 Crown Point Rd

SUITE #1

City

Jacksonville

FL

Zip Code

32257

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

M. A. Hernandez m.A. Hernandez

3/31/00

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 State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME MUNCH, BRIAN
STREET ADDRESS 5245 TREE WAY LANE S.
CITY-ST-ZIP JACKSONVILLE FL 32258

☐ Delete

TITLE D
NAME SAMSON, CONNIE
STREET ADDRESS 834 QUEEN ROAD
CITY-ST-ZIP ST. AUGUSTINE FL 32086

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT-SEC-TREAS
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D-VICE PRES.
NAME MEREDITH ALLEN HERNANDEZ
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 (9/99)