

# 2000 UNIFORM BUSINESS REPORT (UBR)

9/15/00-90019-014-\$550.00-\$550.00

DOCUMENT # P99000058622

1. Entity Name

D. U. BRYANT & ASSOCIATES, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT -9 AM 9:26

Principal Place of Business

203 JIM BRYANT ROAD  
EAST PALATKA FL 32131

Mailing Address

203 JIM BRYANT ROAD  
EAST PALATKA FL 32131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3584927

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

BRYANT, DAMON U  
12375 ANTLER HILL LANE  
JACKSONVILLE FL 32224

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

203 JIM BRYANT ROAD

City

East Palatka

FL

Zip Code

32131

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

*Damon U. Bryant*  
Signature, typed or printed name of registered agent and title if applicable.

DAMON U. BRYANT  
(NOTE: Registered Agent signature required when reinstating)

11 Sept 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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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 President and CEO ☐ Delete  
NAME Damon Ulysses, BRYANT  
STREET ADDRESS 203 Jim Bryant Road  
CITY-ST-ZIP East Palatka, FL 32131

TITLE Secretary / Treasurer ☐ Delete  
NAME Josephine GARNER  
STREET ADDRESS PO Box 341, Powerline Road  
CITY-ST-ZIP East Palatka, FL 32131

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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 all other like empowered.

SIGNATURE:

*Damon Bryant*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAMON BRYANT 11 Sept (321) 207-0030  
Date Daytime Phone #

CR2E034 (5/00)