

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102234

1. Entity Name

BROPHY ENTERPRISES, INC.

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90078 009 ***150.00

0040712

Principal Place of Business

1017 WEST UNIVERSITY AVENUE
GAINESVILLE FL 32601

Mailing Address

2124 N.W. 142ND AVENUE
GAINESVILLE FL 32609

720392



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1017 WEST UNIVERSITY AVENUE

Suite, Apt. #, etc.

GAINESVILLE FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3610457

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROPHY, PAUL
2124 N.W. 142ND AVENUE
GAINESVILLE FL 32609

7. Name and Address of New Registered Agent

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, 2001 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 P
NAME BROPHY, NOELEN
STREET ADDRESS 2124 N.W. 142ND AVENUE
CITY-ST-ZIP GAINESVILLE FL 32609 ☐ Delete

TITLE VP
NAME BROPHY, PAUL
STREET ADDRESS 2124 N.W. 142ND AVENUE
CITY-ST-ZIP GAINESVILLE FL 32609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

P. Brophy PAUL BROPHY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/18/2001 (352) 374 6777
Date Daytime Phone #

CR2E034 (10/00)