

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S22561

1. Entity Name

BRANSTETTER TAX & FINANCIAL CORP., INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90069 030 ***150.00

Principal Place of Business

400 SOUTH DIXIE HIGHWAY
BOCA RATON FL 33432

Mailing Address

400 SOUTH DIXIE HIGHWAY
BOCA RATON FL 33432-6021

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0231155**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRANSTETTER, ROBERT, JR
401 NORTH 35TH STREET
BOCA RATON FL 33431

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, 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 **PD** ☐ Delete
NAME **BRANSTETTER, ROBERT JR**
STREET ADDRESS **401 N.E. 35TH ST.**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **VD** ☐ Delete
NAME **BRANSTETTER, TODD R.**
STREET ADDRESS **6844 PALMETTO CIR SO**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **STD-VP** ☐ Delete
NAME **SCHMIDT, TAMMY**
STREET ADDRESS **360 N.E. 23RD WAY**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **S/T** ☐ Delete
NAME **Robyn L. Isler**
STREET ADDRESS **3655 Oberon Avenue**
CITY-ST-ZIP **Boynton Bch, FL 33436**

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

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

TITLE **VP** ☒ Change ☐ Addition
NAME **Todd R. Branstetter**
STREET ADDRESS **99 S.W. 11th Ct.**
CITY-ST-ZIP **Boca Raton, FL 33486**

TITLE **VP** ☒ Change ☐ Addition
NAME **Tammy L. Schmidt**
STREET ADDRESS **990 N.W. 8th St.**
CITY-ST-ZIP **Boca Raton, FL 33486**

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

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 #

1/28/00

561-368-0282