., 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 12, 2001 8:00 am Secretary of State **DOCUMENT # \$22561** 04-03-2001 90006 011 \*\*\*150.00 BRANSTETTER TAX & FINANCIAL CORP., INC. Principal Place of Business Mailing Address 400 SOUTH DIXIE HIGHWAY 400 SOUTH DIXIE HIGHWAY **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Suite, Act. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0231155 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Branstetler BRANSTETTER, ROBERT, JR" Street Address (P.O. Box Number is Not Acceptable) 401 NORTH 35TH STREET **BOCA RATON FL 33431** 11th Court 339*86* 8. The above named entity subprits this etatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE and title if conficable (NOTE: Registered Agent signature required when reinstating 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) TITLE ☐ Change Addition Delete TITLE BRANSTETTER, ROBERT JR NAME NAME STREET ADDRESS STREET ADDRESS 401 N.E. 35TH ST. CITY-ST-ZIP CITY-ST- 7P **BOCA RATON FL** Director TITLE President Change ☐ Addition ☐ Delete TITLE TODA R. NAME NAME BRANSTETTER, TODD R. Branstetter STREET ADDRESS 99 SW 11TH CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** ☐ Change Addition Delete TITLE TITLE SCHMIDT, TAMMY NAME NAME STREET ADDRESS STREET ADDRESS 990 NW 8TH ST CITY-ST-ZIP **BOCA RATON FL 33486** CITY-ST-ZIP ☐ Addition ST TITLE TITLE Delete Luhange ISLER, ROBYN L NAME NAME STREET ADDRESS STREET ADDRESS 3655 OBERON AVE CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33436** Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP me Delete TITLE Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

FILED