

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90092 019 \*\*\*150.00

**DOCUMENT # S68830**

1. Entity Name  
**VOICES OF BROTHERHOOD, INC.**



Principal Place of Business  
**4607 SUN VALLEY DRIVE  
TAMPA FL 33624  
US**

Mailing Address  
**4607 SUN VALLEY DRIVE  
TAMPA FL 33624  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3105923**

Applied For  
Not Applicable

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

**UPPERCUE, H. BRENTON  
4607 SUN VALLEY DR  
TAMPA FL 33625**

Name

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

City

**FL**

**33624**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **WILLIAMSON, HARRY J.**  
STREET ADDRESS **8201 NATCHEZ ST**  
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☒ Change ☐ Addition  
NAME **Williamson, Harry J.**  
STREET ADDRESS **30221 Littlewood Circle**  
CITY-ST-ZIP **Westley Chapel, FL 33543**

TITLE **D** ☐ Delete  
NAME **KING, JOHN A.**  
STREET ADDRESS **1102 ARBOLEADA COURT**  
CITY-ST-ZIP **TAMPA FL**

TITLE **T** ☐ Change ☐ Addition  
NAME **UPPERCUE, H. BRENTON**  
STREET ADDRESS **4607 Sun Valley Dr**  
CITY-ST-ZIP **Tampa, FL 33624**

TITLE **D** ☐ Delete  
NAME **HILL, WAYNE R**  
STREET ADDRESS **13213 -22ND ST N.**  
CITY-ST-ZIP **TAMPA FL 33612-3889**

TITLE **D** ☒ Change ☐ Addition  
NAME **Hill, Wayne R.**  
STREET ADDRESS **2406 Ramada Dr, Apt 233**  
CITY-ST-ZIP **Tampa, FL 33613**

TITLE **D** ☐ Delete  
NAME **CARTER, JAMES C.**  
STREET ADDRESS **3806 SOUTHVIEW DR.**  
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ Change ☐ Addition  
NAME **Carter, James C.**  
STREET ADDRESS **3806 Southview Dr**  
CITY-ST-ZIP **Tampa, FL 33613**

TITLE **D** ☐ Delete  
NAME **CARTER, JAMES C.**  
STREET ADDRESS **3806 SOUTHVIEW DR.**  
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ Change ☐ Addition  
NAME **Carter, James C.**  
STREET ADDRESS **3806 Southview Dr**  
CITY-ST-ZIP **Tampa, FL 33613**

TITLE **D** ☐ Delete  
NAME **CARTER, JAMES C.**  
STREET ADDRESS **3806 SOUTHVIEW DR.**  
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ Change ☐ Addition  
NAME **Carter, James C.**  
STREET ADDRESS **3806 Southview Dr**  
CITY-ST-ZIP **Tampa, FL 33613**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**UPPERCUE, H. BRENTON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-4-03**

**(813) 968-4311**

CR2E034 (10/02)