

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V51512

1. Entity Name

SIX BROTHERS, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90241 039 ***150.00

Principal Place of Business Mailing Address
600 E EAU GALLIE BLVD. 600 E EAU GALLIE BLVD.
INDIA HARBOUR BEACH FL 32937 INDIA HARBOUR BEACH FL 32937-4243
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3142179

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

KELLER, RON
820 N ATLANTIC AVE
A-302
COCOA BEACH FL 32931

Name DAVID JAMIESON

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

241 MANTH AVE.

City COCOA

FL

Zip Code 32936

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 DAVID JAMIESON David Jamieson (P) Ron Keller 4-3-2000
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME JAMIESON, DAVID
STREET ADDRESS 241 MANTH AVE
CITY-ST-ZIP COCOA FL 32936 ☐ Delete

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

TITLE D
NAME PRICE, JAMES
STREET ADDRESS 820 N ATLANTIC AVE A-302
CITY-ST-ZIP COCOA BCH FL 32931 ☐ Delete

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

TITLE D
NAME GANN, JOHN
STREET ADDRESS 1423 COLLEGE AVE
CITY-ST-ZIP COCOA FL 32936 ☐ Delete

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

TITLE T
NAME SELBY, GEORGE
STREET ADDRESS 1155 N COURTNEY B237
CITY-ST-ZIP MERRITT ISLAND FL 32952 ☐ Delete

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

TITLE D
NAME JEFFREYS, JOHN
STREET ADDRESS 2598 VICTORIA DR NE
CITY-ST-ZIP PALM BAY FL 32905 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-2000

321-779-9676

Date

Daytime Phone #