

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90287 010 ***550.00

0145698 AB

DOCUMENT # V65976

1. Entity Name
THE BUZZ BRAMAN BASKETBALL SHOOTING ACADEMY, INC



Principal Place of Business
**5663 COLUMBIA ROAD
APT 104
COLUMBIA MD 21044
US**

Mailing Address
**5663 COLUMBIA ROAD
APT. 104
COLUMBIA MD 21044
US**



2. Principal Place of Business
10420 Swift Stream Pl.

3. Mailing Address
10420 Swift Stream Pl.

Suite, Apt. #, etc.
Apt. 407

☒ CHECK HERE IF MAKING CHANGES

City & State
Columbia, md.

City & State
Columbia, md.

Zip
21044

Country
US

4. FEI Number **59-3152565**

Applied For
☐ Not Applicable

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

-6.-Name and Address of Current Registered Agent-

**MILLER, LAWRENCE J.
2200 CORPORATE BLVD., NW
SUITE 401
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D BRAMAN, BUZZ 5663 COLUMBIA ROAD #104 COLUMBIA MD 21044 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Buzz Braman* **8/7/04** **410-340-1282**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/03)