

ORIGINAL

030168-1C
CK1494

1. Name of company or name of individual (not fictitious name or d/b/a):
Brothers Service Corp. / Bolivar Baez #100.00

MC

2. Name under which applicant will do business (fictitious name, etc.):
Brothers Service Corp.

3. Official mailing address:
Street: 102 S. 4th St

P.O. Box: _____

City: Immokalee

State: Fl. Zip: 34142

4. Florida address:
Street: Same as above

P.O. Box: _____

City: _____

State: _____ Zip: _____

5. Structure of organization:	DEPOSIT	DATE
<input type="checkbox"/> Individual	D310	FEB 18 2003
<input checked="" type="checkbox"/> Corporation		
<input type="checkbox"/> General Partnership		
<input type="checkbox"/> Limited Partnership		
<input type="checkbox"/> Other: _____		

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC I
- OTH _____

6. If incorporated in Florida, provide proof of authority to operate in Florida:
Florida Secretary of State
Corporate Registration Number: PO1000080305

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward deposit information to Records.

Initials of person who forwarded check:
 JBM

DOCUMENT NUMBER-DATE
01624 FEB 18 03

FPSC-COMMISSION CLERK