## 2003 FOR PROFIT CORPORATION

## **FILED** Mar 12, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) P02000001966 **DOCUMENT #** 1. Entity Name 03-12-2003 90075 014 \*\*\*150.00 BRODIE, INC. Mailing Address Principal Place of Business **60 STANTON CIRCLE 60 STANTON CIRCLE** OLDSMAR FL 34677 OLDSMAR FL 34677 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State 020534378 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BROUGHTON, SCOTT S Street Address (P.O. Box Number is Not Acceptable) **60 STANTON CIRCLE** OLDSMAR FL 34677 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE Scott S. Broughton NAME NAME 60 Stanton Cr. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34477 OLDSMA CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE Theresa Broughton NAME 60 Stanto Circu STREET ADDRESS STREET ADDRESS OLOSMAN Floring 34677 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE

12. Thereby 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 acquirate 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 of the corporation or the receiver or trustee empowered to ex changed, or on an attachment with an address, with all other

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-7IP

OF SIGNING OFFICER OR DIRECTOR