2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P9600054464 1. Entity Name BRUNT & COMPANY, P.A., CPA'S					Secretary of State 02-18-2002 90145 002 ***150.00	
6365 TAFT S 3003 HOLLYWOOD US	FL 33024	Mailing Address 6365 TAFT STREET 3003 HOLLYWOOD FL 33024 US 3. Mailing Address				
7369 SHERIDAN STREET Suite, Apt. #, etc. SUITE 201 City & State HOLLYWOOD FL		Suite, Apt. #, etc. Suite Apt. #, etc. Suite 201 City & State HOLLYWOOD, FL			DO NOT WRITE IN THIS SPACE Applied For Not Applicable	
zip 3 <i>305</i>	Country PROWARD 6. Name and Address of Current R		Country BROWAR	PD	Certificate of Status Desired \$8.75 Additional Fee Required Name and Address of New Registered Agent	
BRUNT, JOHN H 6365 TAFT STREET STE. 3003 HOLLYWOOD FL 33024				Name Street Address (P.O. Box Number is Not Acceptable) 7369 SHERIDAN STREET, SUITE 201 City HOLLYWOOD FL Zip Code 33014		
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 Signature, typed or printed name of registered agent and little 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, 2002 Fee will be \$550.00 Make Check Payable to Department of State						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRUNT, JOHN H 6365 TAFT STREET, STE. 3003 HOLLYWOOD FL	IRECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		SHERIDAN STREET, SUITE 201 1 WOOD, FZ 33024	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRUNT, BRUCE A 6365 TAFT STREET, STE. 3003 HOLLYWOOD FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7369 Howy	SHERIDAN STREET, SUITE 301 SWOOD, FC 33034	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTMAN, ERNEST 6365 TAFT ST STE-3003 HOLLYWOOD FL 33024	. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7369 Hows	SHERIDAN STREET, SUITE 201 1WOOD, FC 33024	
NAME STREET ADDRESS CITY-ST-ZIP		☐ 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	
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.						