## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 15, 2002 8:00 am Secretary of State S90748 DOCUMENT # 1. Entity Name 05-15-2002 90036 031 \*\*\*150.00 1301 BRANDON CORPORATION Mailing Address Principal Place of Business 1601 BELVEDERE ROAD 1601 BELVEDERE ROAD SUITE 407 SOUTH SUITE 407 SOUTH WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33406 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0295618 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GERSON, GARY N. Street Address (P.O. Box Number is Not Acceptable) 1645 PALM BEACH LAKES BLVD. **SUITE 1200** WEST PALM BEACH FL 33401 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE TITLE METZ, JOHN NAME NAME 8008 SOUTH FLAGLER COURT STREET ADDRESS STREET ADDRESS W. PALM BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change CDS Delete TITLE TITLE MEYER, ARTHUR NAME NAME STREET ADDRESS 1601 BELVEDERE RD 407S STREET ADDRESS W. PALM BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition D ☐ Delete ASARCH, GAIL NAME NAME 1601 BELVEDERE RD 407 S STREET ADDRESS STREET ADDRESS W. PALM BEACH FL CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE MAPES, PAUL NAME NAME 1601 BELVEDERE ROAD SUITE 407 SOUTH STREET ADDRESS STREET ADDRESS W. PALM BEACH FL CITY-ST-ZIP CITY-ST-ZIP Change Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

**FILED** 

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