

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
 04-22-2002 90175 002 ****61.25

DOCUMENT # 726417

1. Entity Name

4 BRITTONS OF BARDMOOR, INC.

Principal Place of Business

C/O JAMES M NOLAN SR
 3440 E. LAKE RD SUITE #106
 PALM HARBOR FL 34685
 US

Mailing Address

C/O JAMES M NOLAN SR
 3440 E. LAKE RD SUITE #106
 PALM HARBOR FL 34685
 US

2. Principal Place of Business

First Choice Assoc. Mngmnt.
 Suite, Apt. #, etc.

3. Mailing Address

First Choice Assoc. Mngmnt
 Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2871213

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

NOLAN, JAMES M SR
3440 EAST LAKE RD
SUITE #106
PALM HARBOR FL 34685

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
 NAME **SARKIS DERDERIAN, D.O.**
 STREET ADDRESS **8316-A BARDMOOR BLVD**
 CITY-ST-ZIP **LARGO FL**

TITLE **VD** ☒ Change ☐ Addition
 NAME **Sarkis Derderian, D.O.**
 STREET ADDRESS **8316-A Bardmoor Blvd.**
 CITY-ST-ZIP **Largo, FL. 33777**

TITLE **VD** ☒ Delete
 NAME **WHITE MARGARET**
 STREET ADDRESS **8316B BARDMOOR BLVD**
 CITY-ST-ZIP **LARGO FL**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Margaret White**
 STREET ADDRESS **8316-B Bardmoor Blvd**
 CITY-ST-ZIP **Largo, FL. 33777**

TITLE **STD** ☐ Delete
 NAME **HOPMAN LUCY**
 STREET ADDRESS **8316C BARDMOOR BLVD**
 CITY-ST-ZIP **LARGO FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

agent

4/9/02

727-785-8887

CR2E037 (9/01)