## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 23, 2002 8:00 am Secretary of State DOCUMENT # 287207 1. Entity Name 05-23-2002 90087 050 \*\*\*150.00 L. M. REID & CO., INC. Mailing Address Principal Place of Business 401 W. TROPICAL WAY 401 W. TROPICAL WAY PLANTATION FL 33317 PLANTATION FL 33317 3. Mailing Address 2. Principal Place of Business 2625B SW Mapp Rd. 2625B SW Mapp Rd. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1116092 Not Applicable Palm City, Palm City, FL\$8.75 Additional Country 5. Certificate of Status Desired 34990 ÚSA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent James T. Brogan III Street Address (P.O. Box Number is Not Acceptable) ROSS, HERVEY S. 401 W. TROPICAL WAY 1579 SW Dyer Point Rd. **PLANTATION FL 33317** *3*4996 City Palm City 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. 4/29/2002 SIGNATURE (NOTE: Registered Agent signature required when reinstating) agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy it Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition K Change Delete CEO TITLE TITLE NAME Brogan III, James T. NAME ROSS, HERVEY S. STREET ADDRESS 1579 SW Dyer Pt. Rd. 401 W. TROPICAL WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL Palm City, FL 34990 Addition ☐ Delete TITLE President/Director DITLE NAME Brogan IV, James T. NAME BROGAN, JAMES T STREET ADDRESS STREET ADDRESS 1579 SW DYER POINT ROAD 8084 SE Carlton St CITY-ST-ZIP Hobe Sound, FL 33455 Sect./Treas./Director CITY-ST-ZIP PALM CITY FL ☐ Change Addition. TITLE ☐ Delete TITLE Brogan, Mary E. NAME NAME 1579 SW Dyer Pt.RD STREET ADDRESS STREET ADDRESS 34990 Palm City, FL CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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. (772) 283-5635 4/29/2002 Daytime Phone #