

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90081 018 \*\*\*150.00

DOCUMENT # 287207

1. Entity Name

L.M. REID & COMPANY, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1579 SW DYER POINT RD

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 889

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
PALM CITY, FL

City & State  
PALM CITY, FL

4. FEI Number  
59-1116092

Applied For  
Not Applicable

Zip  
34990

Country  
USA

Zip  
34991

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JAMES T. BROGAN III

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

1579 SW DYER POINT RD

City

PALM CITY

FL

Zip Code  
34990

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

JAMES T. BROGAN III

3/28/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CHAIRMAN/CEO  
JAMES T. BROGAN III  
1579 SW DYER PT. RD.  
PALM CITY, FL 34990

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRESIDENT/DIRECTOR  
JAMES T. BROGAN IV  
8084 SE CARLTON DT.  
HOBE SOUND, FL 33455

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SECT./TREASURER/DIRECTOR  
MARY E. BROGAN  
1579 SW DYER PT. RD.  
PALM CITY, FL 34990

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary E. Brogan* MARY E. BROGAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/03 (772) 283-5635  
Date Daytime Phone #

CR2E034B (12/02)