

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90358 041 ***150.00

0583183 AT

DOCUMENT # 383304

1. Entity Name

BROKERAGE INVESTMENT CORPORATION

Principal Place of Business

Mailing Address

**201 WILLIAMS RD
WINTER SPRINGS FL 32708**

**PO BOX 1159
ROSELAND FL 32957**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1414783

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

HARLE, EDITH A.

1043 CORAL REEF ST.

SEBASTIAN, FL

SEBASTIAN FL 32958

**201 Williams Rd
WINTER SPRINGS FL
32708**

Name

HARLE, EDITH A

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

201 Williams Rd

City

WINTER SPRINGS

FL

Zip Code

32708

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

Edith Harle

Edith Harle

3/18/02

Signature, typed or printed name of registered agent and title 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**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **HARLE, EDITH A.**
STREET ADDRESS **201 WILLIAMS ROAD**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **ST** ☐ Delete
NAME **HARLE, EDITH**
STREET ADDRESS **201 WILLIAMS ROAD**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **VP** ☐ Delete
NAME **HARLE, WILLIAM J. JR.**
STREET ADDRESS **201 WILLIAMS RD.**
CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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.

SIGNATURE:

Edith Harle **EDITH HARLE**

3-18-02

Date

Daytime Phone #

CR2E034 (9/01)