

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 504306

1. Entity Name

RICHARD JOHN BRODEUR, P.A.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90230 029 ***150.00

Principal Place of Business

1640 PERIWINKLE WAY #5
P O BOX 214
SANIBEL ISLAND FL 33957

Mailing Address

1640 PERIWINKLE WAY #5
P O BOX 214
SANIBEL ISLAND FL 33957

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1672742

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

BRODEUR, RICHARD JOHN
1640 PERIWINKLE WAY
SUITE #5
SANIBEL ISLAND FL 33957

Name

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

City

FL

Zip Code

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

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	BRODEUR, RICHARD JOHN	
STREET ADDRESS	1640 PERIWINKLE WAY #5	
CITY-ST-ZIP	SANIBEL ISLAND FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRODEUR, RICHARD JOHN	
STREET ADDRESS	1640 PERIWINKLE WAY #5	
CITY-ST-ZIP	SANIBEL ISLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:

Richard John Brodeur

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADMINISTRATIVE
ASSISTANT

4/30/01

941
472-1734

Date Daytime Phone #

CR2E034 (10/00)