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## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jun 22, 2001 8:00 am Secretary of State **DOCUMENT # 514859** 06-22-2001 90002 017 \*\*\*558.75 BROOKFIELD BUILDERS, INC. Principal Place of Business Principal Place of Business 1723 AVENLDA DEL SOL PO BOX 812169 BOCA RATON FL 33482 Mailing Address 3. Mailing Address 30 2. Principal Place of Business 4451 812169 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Bola V Sity & State 4. FEI Number Applied For 59-1736041 ISOCA Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA-. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Jessi ca nehan ACKER, JESSICA L Street Address (P.O. Box Number is Not Acceptable) 7664 NW 70TH WAY PARKLAND FL 33067 8. The above named entit omits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed of 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) **VPDS** TITLE Change ☐ Addition ☐ Delete TITLE NAME LINEHAN, REBECCA M. NAME ebecca 10char Place East STREET ADDRESS 7780 KENWAY PLACE W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** Change ☐ Addition TITLE ☐ Delete TITLE inetan, Jessica NAME ACKER, JESSICA L. NAME STREET ADDRESS 7664 NW 70TH WAY STREET ADDRESS CITY-ST-7IP CITY-ST-7IP PARKLAND FL 33067 Delete TITLE TITLE Change ☐ Addition LINEHAN, JANET M NAME NAME STREET ADDRESS 801 W WASHINGTON PO BOX 2278 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIDDLEBURG VA 20118 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Cffy-St-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 trusted 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: