

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

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90294 048 \*\*\*150.00

DOCUMENT # 539563

1. Entity Name

STANLEY S. BROSTERMAN, INC.



**DO NOT WRITE IN THIS SPACE**

20022651

2. Principal Place of Business

4770 FOUNTAINS DRIVE

Suite, Apt. #, etc.

206

City & State

LAKE WORTH, FL

Zip

33467

Country

PALM BEACH

3. Mailing Address

40 STONER AVENUE

Suite, Apt. #, etc.

2A

City & State

GREAT NECK, N.Y.

Zip

11021

Country

NASSAU

4. FEI Number

59-1757188

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

**FL**

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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

Stanley S. Brosterman President

1/30/03

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	<u>PRESIDENT</u>
NAME	<u>STANLEY S. BROSTERMAN</u>
STREET ADDRESS	<u>40 STONER AVENUE</u>
CITY-ST-ZIP	<u>GREAT NECK, N.Y. 11021</u>
TITLE	<u>SECRETARY - TREASURER</u>
NAME	<u>BEVERLY BROSTERMAN</u>
STREET ADDRESS	<u>40 STONER AVENUE</u>
CITY-ST-ZIP	<u>GREAT NECK, N.Y. 11021</u>
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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:

Stanley S. Brosterman President

1/30/03

5164827761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)



Attachment  
20022651

FLORIDA DEPARTMENT OF STATE

Ken Detzner  
Secretary of State

January 22, 2003

STANLEY S. BROSTERMAN, INC.  
4770 fountains drive  
lakeworth, FL 33467

SUBJECT: STANLEY S. BROSTERMAN, INC.  
Ref. Number: 639563

We have received your document for STANLEY S. BROSTERMAN, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

**Due to the volume of mail received in this office both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.**

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers  
Document Specialist

Letter Number: 703A00003496