FOR PROFIT CORPORATION ÙNIFORM BUSINESS RÉPORT (UBR)

Feb 03, 2003 8:00 am Secretary of State **DOCUMENT#** 539563 02-03-2003 90294 048 ***150.00 1. Entity Name STANLLY S. BROSTERMAN, INC. 20022651 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 4770 FUNNTAINS 40 STONER Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 206 GREAT NECK. N.Y. 4. FEI Number Applied For WORTH AKE. Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Zip Code 8. The above named entity supprits 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 January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 9. Election Campaign Financing \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. TITLE STANLLY S. BROSTLAMAN 40 STONER AVENUE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GREAT NECK N.Y. 1/0 NI CITY ST-ZIP SECRETALY - TREASURER NAME BEVERLY BROSTERMAN STREET ADDRESS STREET ADDRESS 40 STONER AVENUA CITY-ST-ZIP CITY-ST-ZIP GREAT NECK N.Y. 1/021 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME

12. Thereby 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 receivery 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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

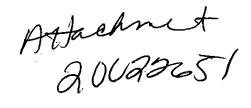
STREET ADDRESS

CITY-ST-ZIP

FILED

(12/02)CR2E034B





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