## 2002 UNIFORM BUSINESS REPORT (UBR)

## Aug 19, 2002 8:00 am Secretary of State 568028 DOCUMENT # 1. Entity Name 08-19-2002 90154 014 \*\*\*550 00 W. A. BROOK AND SONS, INC. Principal Place of Business Mailing Address 1400 OLD GRIFFIN ROAD 1400 OLD GRIFFIN ROAD DANIA BEACH FL 33004 DANIA BEACH FL 33004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1827047 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired -- 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MINER, JEFFREY berris Not Acceptable) 50 SE 13TH TERRACE DANIA BEACH FL 33004 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 obligation ns of registered agent. SIGNATURE egistered agent and title if applicab nature required when reinstating) FILE NOW!!! FEE IS \$550.00 its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) M Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete --TITLE ☐ Change Addition BROOK, WILLIAM A NAME 50 S.E. 13TH TERR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DANIA BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME Brook, Patricia A STREET ADDRESS 50 S.E. 13TH TERR. STREET ADDRESS CITY-ST-ZIP DANIA BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition **BROOK, MICHAEL** NAME NAME STREET ADDRESS 50 SE 13TH TERRACE STREET ADDRESS CITY-ST-ZIP DANIA BEACH FL 33004 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition PATRICK R. LAYNE NAME NAME STREET ADDRESS 65101 S.W. 130 AVE. STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

Addition