

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90175 002 ****61.25

DOCUMENT # 726417

1. Entity Name
4 BRITTONS OF BARDMOOR, INC.

Principal Place of Business
C/O JAMES M NOLAN SR
3440 E. LAKE RD SUITE #106
PALM HARBOR FL 34685
US

Mailing Address
C/O JAMES M NOLAN SR
3440 E. LAKE RD SUITE #106
PALM HARBOR FL 34685
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
First Choice Assoc. Mngmnt.
 Suite, Apt. #, etc.

3. Mailing Address
First Choice Assoc. Mngmnt.
 Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-2871213** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NOLAN, JAMES M SR
3440 EAST LAKE RD
SUITE #106
PALM HARBOR FL 34685

7. Name and Address of New Registered Agent

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 _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARKIS DERDERIAN, D.O.		NAME	Sarkis Derderian, D.O.	
STREET ADDRESS	8316-A BARDMOOR BLVD		STREET ADDRESS	8316-A Bardmoor Blvd.	
CITY-ST-ZIP	LARGO FL		CITY-ST-ZIP	Largo, FL. 33777	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE MARGARET		NAME	Margaret White	
STREET ADDRESS	8316B BARDMOOR BLVD		STREET ADDRESS	8316-B Bardmoor Blvd	
CITY-ST-ZIP	LARGO FL		CITY-ST-ZIP	Largo, FL. 33777	
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPMAN LUCY		NAME		
STREET ADDRESS	8316C BARDMOOR BLVD		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James M. Nolan* agent **4/9/02** **727-85-8887**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)