

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-03-2003 90860 024 \*\*\*158.75

**DOCUMENT # 852350**

1. Entity Name  
**BRANDYWOOD CORPORATION**



Principal Place of Business  
2 POND'S EDGE DRIVE  
CHADDS FORD, PA 19317

Mailing Address  
P.O. BOX 999  
CHADDS FORD, PA 19317



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **51-0215278**  
Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, BRUCE E  
2537 MCCORMICK DR  
CLEARWATER, FL 33769

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD MOORE, BRUCE E. 2 POND'S EDGE DRIVE CHADDS FORD, PA 19317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOYLE, DENISE M. 2 POND'S EDGE DRIVE CHADDS FORD, PA 19317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PRICE, ELAINE 2 POND'S EDGE DRIVE CHADDS FORD, PA 19317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALBA, SHARON A 2 POND'S EDGE DRIVE CHADDS FORD, PA 19317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D Bruce E. Moore 2 Pond's Edge Drive Chadss Ford, PA 19317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S Jack J. Russo 2 Pond's Edge Drive Chadss Ford, PA 19317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Janet L. Johnson 2 Pond's Edge Drive Chadss Ford, PA 19317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAO Michael A. Lynam 2 Pond's Edge Drive Chadss Ford, PA 19317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

President

FEB 20 2003

(610) 388-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

*Attachment*  
**Brandywine Financial Services Corporation**  
P.O. Box 999  
Chadds Ford, PA 19317  
(610) 388-9600

86644977  
#852350

February 24, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Brandywood Corporation  
#852350  
2003 Florida Uniform Business Report

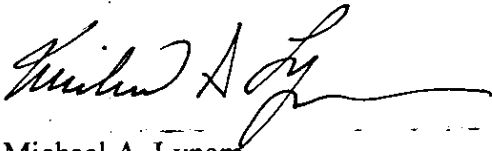
Via Certified Mail  
Return Receipt Requested  
7002 2410 0002 8665 5769

Gentlemen:

Enclosed please find the 2003 Florida Uniform Business Report for the above referenced corporation along with a check in the amount of \$158.75 for the annual registration fee and the additional fee required for a Certificate of Status.

- Please send the Certificate of Status to my attention at the address listed above. Should you have any questions, please call me at (610) 388-9600.

Sincerely,



Michael A. Lynam  
Chief Accounting Officer

MAL:dd

Enclosures