

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2001 8:00 am**  
**Secretary of State**

01-09-2001 90043 014 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # F00084</b>			
1. Entity Name <b>J.J. BRODERICK COMPANY, INC.</b>			
Principal Place of Business <b>13901 LAKE BLUFF CT TAMPA FL 33624 US</b>		Mailing Address <b>P O BOX 271083 TAMPA FL 33688 US</b>	
2. Principal Place of Business <b>13901 LAKE BLUFF COURT</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. BOX 271083</b> Suite, Apt. #, etc.	
City & State <b>TAMPA FLORIDA</b> Zip Country		City & State <b>TAMPA FLORIDA</b> Zip Country	
<b>33624</b>		<b>33688 1083 USA</b>	
6. Name and Address of Current Registered Agent <b>GIBBONS, TUCKER, MILLER, WHATLEY &amp; STEIN 101 E. KENNEDY BLVD., SUITE 1000 P.O. BOX 1363 TAMPA FL 33601</b>		4. FEI Number <b>52-0803142</b> Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BRODERICK, J.J. 13901 LAKE BLUFF CT TAMPA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVD BRODERICK, F.E. 5507 WESTBARD AVE. BETHESDA MD</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BUCHANAN, R.A. 10638 WEYMOUTH ST. BETHESDA MD</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST BRODERICK, F. E. 5507 WESTBARD AVENUE BETHESDA MD</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BRODERICK, M.T. 5308 AUGUSTA STREET BETHESDA MD</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BRODERICK, P.L. 13634 DEERWATER DRIVE GERMANTOWN MD</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>21621 RIPPLE WOOD DR LAYTONSVILLE MD 20882</b>	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 143.07(3)(f), 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.			
SIGNATURE: <b>F.E. Broderick</b> <b>F.E. BRODERICK PRESIDENT</b>		Date <b>1/3/01</b> Daytime Phone <b>813/962-7150</b>	

CR2E034 (10/00)