

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90075 043 ***150.00

DOCUMENT # F00084



1. Entity Name
J.J. BRODERICK COMPANY, INC.

Principal Place of Business
**13901 LAKE BLUFF CT
TAMPA FL 33624
US**

Mailing Address
**P O BOX 271083
TAMPA FL 33688
US**



2. Principal Place of Business
13901 Lake Bluff Court
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 271083
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Tampa

City & State
Florida

4. FEI Number
52-0803142

Applied For
Not Applicable

Zip Country
33624 USA

Zip Country
33688 USA

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

6. Name and Address of Current Registered Agent

**GIBBONS, TUCKER, MILLER, WHATLEY & STEIN
101 E. KENNEDY BLVD., SUITE 1000
P.O. BOX 1363
TAMPA FL 33601**

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	D	<input type="checkbox"/> Delete
NAME	BRODERICK, J.J.	
STREET ADDRESS	13901 LAKE BLUFF CT	
CITY-ST-ZIP	TAMPA FL	
TITLE	PVD	<input type="checkbox"/> Delete
NAME	BRODERICK, F.E.	
STREET ADDRESS	5507 WESTBARD AVE.	
CITY-ST-ZIP	BETHESDA MD	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUCHANAN, R.A.	
STREET ADDRESS	10638 WEYMOUTH ST.	
CITY-ST-ZIP	BETHESDA MD	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BRODERICK, F. E.	
STREET ADDRESS	5507 WESTBARD AVENUE	
CITY-ST-ZIP	BETHESDA MD	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRODERICK, M.T.	
STREET ADDRESS	5308 AUGUSTA STREET	
CITY-ST-ZIP	BETHESDA MD	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRODERICK, P.L.	
STREET ADDRESS	21621 RIPPLEWOOD DR	
CITY-ST-ZIP	GERMANTOWN MD	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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: *F.E. Broderick*
F.E. Broderick, President

1/7/03
Date

813/962-7150
Daytime Phone #

CR2E034 (10/02)