

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90031 029 ***150.00

DOCUMENT # F88090

1. Entity Name
BRIGHAM & BRIGHAM, P.A.



Principal Place of Business
**8181 MIAMI LAKES DR W
#280
MIAMI LAKES FL 33016**

Mailing Address
**8181 MIAMI LAKES DR W
#280
MIAMI LAKES FL 33016**



2. Principal Place of Business

9807 1/2 ST. EAST

3. Mailing Address

9807-25TH STREET EAST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

PARRISH, FL

City & State

PARRISH, FL

4. FEI Number

59-2200883

Applied For

Not Applicable

Zip

Country

34219

MAVATEE

Zip

Country

34219

MAVATEE

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

**BRIGHAM, DANA P.
8181 MIAMI LAKES DR W
#280
MIAMI LAKES FL 33016**

Name **DANA P. BRIGHAM**
Street Address (P.O. Box Number is Not Acceptable)
9807-25TH STREET EAST
City **PARRISH** FL Zip Code **34219**

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

DANA P. BRIGHAM (Signature, typed or printed name of registered agent, or both, as applicable. Registered Agent signature required when reinstating)

DATE

4-17-03

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	P	<input type="checkbox"/> Delete
NAME	BRIGHAM, DANA P	
STREET ADDRESS	8181 MIAMI LAKES DR W #280	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BRIGHAM, PATRICIA M	
STREET ADDRESS	8181 MIAMI LAKES DR W #280	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANA P. BRIGHAM	
STREET ADDRESS	9807-25TH STREET EAST	
CITY-ST-ZIP	PARRISH, FL 34219	
TITLE	ST-P. M. BRIGHAM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9807-25TH STREET EAST	
STREET ADDRESS	PARRISH, FL 34219	
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
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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:

SIGNATURE REQUIRED

4-17-03

941776-0109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P. M. BRIGHAM

Date

Daytime Phone #

CR2E034 (10/02)