

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000001980

1. Entity Name

BRANDYWINE COMMERCIAL SERVICES CORPORATION

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90025 008 ***158.75

Principal Place of Business

Mailing Address

2 POND'S EDGE DRIVE
 CHADDS FORD PA 19317

PO BOX 999
 CHADDS FORD PA 19317-0503
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number

23-2715285

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	MOORE, BRUCE E	
STREET ADDRESS	2 POND'S EDGE DRIVE	
CITY-ST-ZIP	CHADDS FORD PA 19317	
TITLE	AS	<input type="checkbox"/> Delete
NAME	PARKER-MOORE, DEBRA	
STREET ADDRESS	2 POND'S EDGE DRIVE	
CITY-ST-ZIP	CHADDS FORD PA 19317	
TITLE	V	<input type="checkbox"/> Delete
NAME	DOYLE, DENISE M	
STREET ADDRESS	2 POND'S EDGE DRIVE	
CITY-ST-ZIP	CHADDS FORD PA 19317	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, BRUCE E	
STREET ADDRESS	2 POND'S EDGE DRIVE	
CITY-ST-ZIP	CHADDS FORD PA 19317	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIOVINCO, PHILLIP	
STREET ADDRESS	2 POND'S EDGE DRIVE	
CITY-ST-ZIP	CHADDS FORD PA 19317	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GAYNOR, JOSEPH W	
STREET ADDRESS	2 POND'S EDGE DRIVE	
CITY-ST-ZIP	CHADDS FORD PA 19317	

12. 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	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 27 2000

Date

Daytime Phone #

(610) 388-9600

CR2E034 (9/99)