

DOCUMENT # F95000001581			
1. Entity Name BRODERICK PROPERTIES CORPORATION			
Principal Place of Business 247 N. COLLIER BLVD. #202 MARCO ISLAND FL 34145		Mailing Address C.O WILLIAM G. MORRIS 247 N. COLLIER BLVD. #202 MARCO ISLAND FL 34145-3015	
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			
MORRIS, WILLIAM G ESQUIRE 247 N. COLLIER BLVD., SUITE 202 MARCO ISLAND FL 33937		Name	
		Street Address ()	
		City	
8. The above named entity submits this statement for the purpose of changing its registered office or register			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS			
TITLE	DP	<input type="checkbox"/> Delete	12.
NAME	CAROM, DONALD P.		TITLE
STREET ADDRESS	7985 BRODERICK ROAD		NAME
CITY-ST-ZIP	WINSOR, ONTARIO N9H 1X1		STREET ADDRESS
TITLE	DV	<input type="checkbox"/> Delete	CITY-ST-ZIP
NAME	CAROM, LAURIE		TITLE
STREET ADDRESS	7985 BROCKERICK ROAD/ WINDSOR, ONTARIO		NAME
CITY-ST-ZIP	CANADA N9H 1X1		STREET ADDRESS
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TITLE		<input type="checkbox"/> Delete	CITY-ST-ZIP
NAME			TITLE
STREET ADDRESS			

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4. FEI Number	75-2413329	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

SIGNATURE _____

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

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAROM, DONALD P. 7985 BRODERICK ROAD WINSOR, ONTARIO N9H 1X1	<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	DV CAROM, LAURIE 7985 BROCKERICK ROAD/ WINDSOR, ONTARIO CANADA N9H 1X1	<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		<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		<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 my address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CR2E034 (9/99)