

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**  
 05-07-2002 90376 033 \*\*\*150.00

CR2E034 (9/01)

**DOCUMENT # F98000005110**

1. Entity Name  
**BRUCE BRODER, INC.**

Principal Place of Business  
**7997 WOODPECKER TRAIL  
 JACKSONVILLE FL 32256**

Mailing Address  
**7997 WOODPECKER TRAIL  
 JACKSONVILLE FL 32256**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **38-2366050** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BRANT MOORE, MACDONALD & WELLS, P.A.**  
**50 NORTH LAURA STREET SUITE 3100  
 JACKSONVILLE FL 32202**

*Vicki Lane Payne + Broder*  
**32100 Telegraph Road  
 Bingham Farms, MI**

7. Name and Address of New Registered Agent

Name *Vicki Lane Payne + Broder*  
 Street Address (P.O. Box Number is Not Acceptable) *32100 Telegraph, Ste 200*  
 City *Bingham Farms* Michigan Zip Code *48025*

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 *Deborah Broder*  
 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, 2002 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	<b>CPT</b>	<input type="checkbox"/> Delete
NAME	<b>BRODER, DEBORAH C</b>	
STREET ADDRESS	<b>7997 WOODPECKER TRAIL</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>BRODER, BRUCE</b>	
STREET ADDRESS	<b>7997 WOODPECKER TRAIL</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>BRODER, ANDREW J</b>	
STREET ADDRESS	<b>32100 TELEGRAPH ROAD, SUITE 200</b>	
CITY-ST-ZIP	<b>BINGHAM FARMS MI 48025-2454</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
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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: *Deborah Broder*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #