

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90314 025 \*\*\*550.00

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**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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

~~BRANT, MOORE, MACDONALD & WELLS, P.A.~~  
~~50 NORTH BROAD STREET, SUITE 2000~~  
~~JACKSONVILLE FL 32202~~

Name **Lewis, Longman & Walker, PA**  
Street Address (P.O. Box Number is Not Acceptable)  
**9428 Baymeadows Rd, Suite #625**  
City **Jacksonville** **FL** Zip Code **32256**

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 *Anna M. Burden*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9-03-03**

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 **CPT**  
NAME **BRODER, DEBORAH C**  
STREET ADDRESS **7997 WOODPECKER TRAIL**  
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V**  
NAME **BRODER, BRUCE**  
STREET ADDRESS **7997 WOODPECKER TRAIL**  
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S**  
NAME **BRODER, ANDREW J**  
STREET ADDRESS **32100 TELEGRAPH ROAD, SUITE 200**  
CITY-ST-ZIP **BINGHAM FARMS MI 48025-2454**

TITLE  
NAME  
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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:

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

**Sept 2, 2003**  
Date

**904/620-0673**  
Daytime Phone #

CR2E034 (4/03)