FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Aug 13, 2001 8:00 am Secretary of State G04493 DOCUMENT # 1. Entity Name 08-13-2001 90144 001 \*\*\*550.00 BRANDON PROPERTIES, INC. ŧŽ Principal Place of Business Mailing Address 1900 S. HARBOR CITY BLVD. 1900 S. HARBOR CITY BLVD. RUUUVVV MELBOURNE FL 32901 MELBOURNE FL 32901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2230909 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOYD, JOEL E Street Address (P.O. Box Number is Not Acceptable) 100 RIALTO PLACE STE - 500 **MELBOURNE FL 32901** City 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition BRANDON, HARRY E NAME NAME 1900 S HARBOR CITY BLVD STREET ADDRESS STREET ADDRESS MELBOURNE, FL 00000 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change NAME BRANDON, WENDY S NAME STREET ADDRESS 1900 S HARBOR CITY BLVD STREET ADDRESS CITY-ST-ZIP MELBOURNE. FL 00000 CITY-ST-ZIP TITLE ----Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empower