

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90121 017 ***150.00

DOCUMENT # G95499

1. Entity Name

BROGAN ENTERPRISES, INC.

Principal Place of Business

**411 N.E. FPL DRIVE
 PORT ST. LUCIE FL 34952**

Mailing Address

**P O BOX 880067
 PORT ST. LUCIE FL 34988-0067
 US**

2. Principal Place of Business

3. Mailing Address

P.O. Box 880485

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE, FL

4. FEI Number

59-2390086

Applied For

Not Applicable

Zip

Country

Zip

Country

34988-0485

USA

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

**BROGAN, JOHN D
 411 N.E. FPL DRIVE
 PORT ST. LUCIE FL 34986**

PLEASE NOTE OUR NEW MAILING ADDRESS:

**P.O. Box 880485
 Port St. Lucie, FL 34988-0485**

*Attachment
 Doc# G95499/
 601833*

8. The above named entity submits this

SIGNATURE

Signature, typed or printed name of

9. This corporation is eligible to satisfy
 Tax filing requirement and elects to
 (See criteria on back)

11.

OF

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROGAN, JOHN D. 4175 SE ST. LUCIE BLVD STUART F	<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	D BROGAN, BARBARA A. 4175 SE ST LUCIE BLVD STUART FL	<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
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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PROS. AGENT

Date

2-12-2002

Daytime Phone #

CR2E034 (9/01)