## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # K48436**

1. Entity Name

## BROKERAGE FINANCIAL SERVICES, INC.

Principal Place of Business 201 WILLIAMS ROAD WINDER SPRINGS FL 32708

2. Principal Place of Business

Mailing Address

3. Mailing Address

% WILLIAM J. HARLE, JR. 201 WILLIAMS ROAD WINTER SPRINGS FL 32708-3629

Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

FILED Apr 18, 2000 8:00 am Secretary of State

04-18-2000 90232 047 \*\*\*150.00

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Tax filing requirement and elects to do so. (See criteria on back)   Make Check Payable to Department of State   Make Check Payable to Department of State    11. OFFICERS AND DIRECTORS   12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   N1 1    TITLE   DP	Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Na	City & State	<del></del>		City & State			4. F	59-2921177					
HARLE, WILLIAMS ROAD WINTER SPRINGS R. 32708  City FL Zip Cods  City FL Zip Cods  City FL Zip Cods  City FL Zip Cods  6. 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  5. 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  5. 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  5. 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  5. The above named entity submits this statement for the purpose of changing its registered agent application or purpose of changing its registered agent, or both. In the State of Florida.  SIGNATURE  5. The above named entity submits this statement for the purpose of changing its registered agent, or both. In the State of Florida.  SIGNATURE  5. This purpose of registered agent, or both. In the State of Florida.  SIGNATURE (agent)  5. This purpose of registered agent, or both. In the State of Florida.  SIGNATURE (agent)  5. This purpose of registered agent agent, or both. In the State of Florida.  SIGNATURE (agent)  5. This purpose of registered agent, or both. In the State of Florida.  SIGNATURE (agent)  5. This purpose of registered agent agent agent, or both. In the State of Florida.  SIGNATURE (agent)  5. This purpose of registered agent agent, or both. In the State of Florida.  SIGNATURE (agent)  5. This purpose of registered agent agent, or both. In the State of Florida.  10. Election Campaign Financing  10. El	Zip Country Zip				Coun	try	5. (					.75 Additional	
HARLE, WILLIAM J., JR. 201 WILLIAMS ROAD WINTER SPRINGS FL 32708  City FL Zip Code  6. 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  9. This corporation is eligible to satisfy its intangible Tax Hing requirement and elects to do so.  (See criteria on back)  PARILE, WILLIAM J., JR.  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANSES TO OFFICERS AND DIRECTORS IN 11.  TITLE  NAME STREET ADDRESS  CITY ST-ZIP  TITLE  VTS  Delete  TITLE  MAME STREET ADDRESS  CITY ST-ZIP  TITLE  Delete  TITLE  MAME STREET ADDRESS  CITY ST-ZIP  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  MAME STREET ADDRESS  CITY ST-ZIP  TITLE  Delete  TI	6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent							
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   Symbours, typed or printed name of registered agent and steel is applicable.	201 \	WILLIAMS	ROAD				dress (P.O. B	ox Number is	Not Accepta	ble)			
SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT ILLE  NAME  HARLE, WILLIAM J., JR.  201 WILLIAMS ROAD  WINTER SPRINGS FL  11TLE  VTS  Delete  ITILE  WAS  STREET ADDRESS  CITY-ST-ZIP  WINTER SPRINGS FL  UTS  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  DELET  TITLE  DELE	WINI	EH SPHIN	3S FL 32/08			Cíty	·			F	FL	Zip Coo	te
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.    FILE NOW!!! FEE IS \$150.00     After MAY 1, 2000 Fee will be \$550.00     Make Check Payable to Department of State	8. The above	named entit	y submits this statement for	the purpose of changing its	s registere	ed office or r	egistered ag	ent, or both	in the State of	Florida.			l
Tax filing requirement and elects to do so. (See criteria on back)  After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State  Trust Fund Contribution.  Trust Fund Contribution.  Added to Fees  Added to Fees  Title DP HARLE, WILLIAM J., JR. STREET ADDRESS CITY-ST-ZIP  TITLE VTS HARLE, CARLA S STREET ADDRESS CITY-ST-ZIP  TITLE  TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP ADDR	SIGNATURE _	Signature, typed	or printed name of registered agent an	d title if applicable. (NOT	E: Registere	d Agent signature	required when re	instating)		DA	TE		
TITLE NAME HARLE, WILLIAM J., JR. STREET ADDRESS CITY-ST-ZIP  TITLE NAME HARLE, CARLA S STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE O Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE O Delete TITLE O Delete TITLE O Delete O Change O Addit NAME STREET ADDRESS CITY-ST-ZIP  TITLE O Delete O Change O Addit O Change O Addit O Change O Change O Change O Addit O Change O Change O Addit O Change O Change O Change O Change O Addit O Change O Ch	Tax filing requirement and elects to do so.  After MAY 1, 2000 Fee				000 Fee	will be \$550.00 Trust Fund Contribution.					- <del>- +</del>		
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	NAME STREET ADDRESS			☐ Delete	NAM STRE	EET ADDRESS					İ	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP				NAM Stri City	EET ADORESS -ST-ZIP	d in Contin	110.07/0//2	Elorida Statu	na (fusta-			Addition

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:

REQUIRED SIGNING OFFICER OR DIRECTOR