2001 UNIFORM BUSINESS REPORT (UBR)

May 29, 2001 8:00 am⁵ Secretary of State **DOCUMENT # K56108** 1. Entity Name 05-29-2001 90005 039 ***150.00 **BROACH & ASSOCIATES, INC.** Principal Place of Business Mailing Address 440 LENOX SQUARE 440 LENOX SQUARE 660562 JACKSONVILLE FL 32254 JACKSONVILLE FL 32254 2. Principal F"ace of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Appliec For 4. FEI Number 59-2924644 Not Applicable Zip Country Zip 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 BROACH, TOMMIE J Street Address (P.O. Box Number is Not Acceptable) **440 LENOX SQUARE** JACKSONVILLE FL 32254 City Zip Code FL 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 (NOT Registered Agent's inature required when reinstating) DATE FILE NOW! ! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 20 11 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payal e to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) ☐ Addition ☐ Delete TITLE TITLE NAME BROACH, TOMMIE DARM NAME STREET ADDRESS STREET ADDRE: S 564 GOLDEN LINKS DR CITY-ST-ZIP CITY-SI-ZIP ORANGE PARK FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE DS BROACH, PEGGY M. NAME STREET ADDRESS STREET ADDRESS 4199 PALOMA POINT COURT CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32217 ☐ Change Addition TITLE **VPD** Delete BROACH, LARRY K NAME STREET ADDRESS 121441 RESERVOIR LN STREET ADDRESS DITY-SI-ZIP JACKSONVILLE FL CITY-ST-ZIP Change Addition TITLE VP D ☐ Delete TITLE DARM ADAM NAME NAME 564 Bolden Links Dr. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7IP ☐ Change ☐ Addition 1 TLE Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

Tonnie J. Broach SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O: DIRECTOR

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

13. Thereby 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 mesignature 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 a required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in