2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008488

1. Entity Name

HARTFORD, BROWN, MILLER & ANDREWS, L.L.C.

. 13776

Principal Place of Business	Mailing Address
1460 GEMINI BLVD SUITE 4 ORLANDO FL 32837	1460 GEMINI BLVD SUITE 4 ORLANDO FL 32837

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
7131 Grand National Dr	7131 Grand National Dr.	
Suite, Apt. #, etc. Ste 106	Suite, Apt. #, etc. Ste. 106	
City & State Orlando, Fl	City & State Orlando, Fl	4. FEI Number APPLIED FOR 52-2258556
Zip 32819	Country USA	Zip 32819	Country USA

4. FEI Number APPLIED FOR — 52-2258556 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEINER, STEVEN 1460 GEMINI BLVD SUITE 4 ORLANDO FL 32837	Name Street Address (P.O. Box Number is Not Acceptable) 7131 Grand National Dr. Ste 106 City Orlando FL Zip Code 32819

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEINER, STEVEN 1460 GEMINI BLVD SUITE 4 ORLANDO FL 32837	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7131 Grand National Dr. Orlando,Fl 32819	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED   1-15-02 (401) 345-5400