FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 16, 2002 8:00 am Secretary of State **DOCUMENT #** L07669 1. Entity Name WILLIAM BROOKE INCORPORATED 01-16-2002 90051 047 ***150.00 Principal Place of Business Mailing Address 5455 N. FEDERAL HWY 5455 N. FEDERAL HWY STF A STE A **BOCA RATON FL 33487 BOCA RATON FL 33487** 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 65-0188141 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 SCHMEARER WILLIAM E. IV Street Address (P.O. Box Number is Not Acceptable) 3180 LAKESHORE DR **DEERFIELD BEACH FL 33442** 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE Change ☐ Addition SCHMEARER, WILLIAM NAME STREET ADDRESS 5455 N. FED. HWY STE A STREET ADDRESS **BOCA RATON FL** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SCHMEARER, WILLIAM NAME NAME 5455 N. FED. HWY STE A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON-FL-**CITY-ST:ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MORENO, WILLIAM NAME NAME 5455 N. FED. HWY STE A STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition COOK, JERE NAME NAME STREET ADDRESS 5455 N. FED. HWY STE A STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change 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 of 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 in changed, or on an attachment with an address, with all other like empowered. prowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if is, with all other like empowered.

SIGNATURE:

CR2E034 (9/01)