

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90148 009 \*\*\*150.00

DOCUMENT # L10549

1. Entity Name  
BRANAGAN & COMPANY, P.A.



Principal Place of Business

~~9900 STIRLING RD~~  
~~STE 103~~  
~~COOPER CITY FL 33024~~  
US

Mailing Address

~~9900 STIRLING RD~~  
~~STE 103~~  
~~COOPER CITY FL 33024~~  
US

2. Principal Place of Business

1601 N FLAMINGO ROAD  
Suite, Apt. #, etc.  
SUITE #2

City & State  
PEMBROKE PINES, FL

Zip 33026 Country BROWARD

3. Mailing Address

1601 N. FLAMINGO ROAD  
Suite, Apt. #, etc.  
SUITE #2

City & State  
PEMBROKE PINES, FL

Zip 33026 Country BROWARD



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0132148

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRANAGAN, JOANN M  
~~11800 NW 13TH CT~~  
• PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
1601 NORTH FLAMINGO ROAD; STE #2  
City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Joann M Branagan*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/03  
DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPS  
NAME BRANAGAN, JOANN M  
STREET ADDRESS ~~9900 STIRLING RD #103~~  
CITY-ST-ZIP ~~COOPER CITY FL 33024~~

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1601 N FLAMINGO ROAD; #2  
PEMBROKE PINES, FL 33026

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joann M Branagan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/03 (954) 432-7706  
Date Daytime Phone #

CR2E034 (10/02)