

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000008047

1. Entity Name

BROWARD ONE, INC.

Principal Place of Business

145 NW 103 DR
CORAL SPRINGS FL 33065

Mailing Address

4145 NW 103 DR
CORAL SPRINGS FL 33065

2. Principal Place of Business

Suite/Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite/Apt. #, etc.

City & State

Zip

Country

4. FEI Number

01-056682

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

APPLEBY, HOMER P
3245 SAINT JAMES DR
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LOGAN, ANDREW
1451 NW 108 AVE, APT 301
PLANTATION FL 33322

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
FREELOVE, GREGORY
2004 CHAMPIONS WAY
N LAUDERDALE FL 33068

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
ZILKA, RON
4145 NW 103 DR
CORAL SPRINGS FL 33065

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
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CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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 REQUIRED

FILED

02 JUN 24 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten Signature]



05/12/02 90653 011 \$61.25

CR2E037 (9/01)