

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46713

1. Entity Name

BROWARD SERVICES FOR RESIDENTIAL SELECTIONS, INC

Principal Place of Business

3500 RIVERSIDE DRIVE
CORAL SPRINGS FL 33065

Mailing Address

3500 RIVERSIDE DRIVE
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

6. Name and Address of Current Registered Agent

POINTING, JACQUELYN
3500 RIVERSIDE DR.
SUITE 1
CORAL SPRINGS FL 33065

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 PD
NAME POINTING, JACQUELYN A.
STREET ADDRESS 3500 RIVERSIDE DRIVE
CITY-ST-ZIP CORAL SPRINGS FL ☐ Delete

TITLE VD
NAME WIGAND, ROBERTA
STREET ADDRESS 715 S.W. 14TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL ☐ Delete

TITLE SD
NAME POINTING, TERENCE
STREET ADDRESS 3500 RIVERSIDE DRIVE
CITY-ST-ZIP CORAL SPRINGS FL ☐ Delete

TITLE TD
NAME HANKEN, ANDREW
STREET ADDRESS 2075 CHAMPIONS WAY
CITY-ST-ZIP NORTH LAUDERDALE FL ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Jacquelyn A. Pointing President

4-20-02

954 344 7642



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)