

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90059 021 \*\*\*150.00

0348987 AV

**DOCUMENT # P00000013133**

1. Entity Name  
**BRANDON PALM BEACH, INC.**

Principal Place of Business  
**313 5TH STREET  
WEST PALM BEACH FL 33401**

Mailing Address  
**313 5TH STREET  
WEST PALM BEACH FL 33401**

2. Principal Place of Business  
**231 Royal Palm Way  
Suite, Apt. #, etc.  
100**

3. Mailing Address  
**231 Royal Palm Way  
Suite, Apt. #, etc.  
100**

City & State  
**Palm Beach Florida**  
Zip  
**33480**

City & State  
**Palm Beach Florida**  
Zip  
**33480**

4. FEI Number  
**52-2215362**

Applied For  
Not Applicable

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

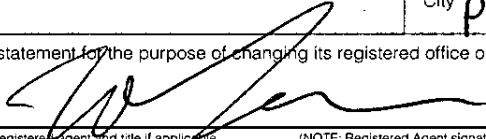
**6. Name and Address of Current Registered Agent**

**CORPORATE CREATIONS NETWORKS, INC.  
941 FOURTH STREET #200  
MIAMI BEACH FL 33139**

**7. Name and Address of New Registered Agent**

Name **WALTER C JONES IV**  
Street Address (P.O. Box Number is Not Acceptable)  
**4114 Northlake Boulevard**  
**Suite 701**  
City **Palm Beach Gardens FL** Zip Code **33410**

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  DATE \_\_\_\_\_  
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 Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BRANDON, NICOLE 313 5TH STREET WEST PALM BEACH FL 33401</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/02 561/659/040  
Date Daytime Phone #

CR2E034 (9/01)