

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90179 030 \*\*\*150.00

**DOCUMENT # P00000073412**

1. Entity Name  
**BRANDON MEDIATION CENTER, INC.**



Principal Place of Business  
**132 LITHIA PINECREST RD.  
BRANDON FL 33511**

Mailing Address  
**132 LITHIA PINECREST RD.  
BRANDON FL 33511**

2. Principal Place of Business  
**1105 LITHIA PINECREST RD.**  
Suite, Apt. #, etc.

3. Mailing Address  
**1105 LITHIA PINECREST RD.**  
Suite, Apt. #, etc.

City & State  
**BRANDON, FL.**

City & State  
**BRANDON, FL.**

4. FEI Number **59-3666694**

Applied For  
Not Applicable

Zip  
**33511**

Country  
**USA**

Zip  
**33511**

Country  
**USA**

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

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

**UMBARGER, STUART W  
132 LITHIA PINECREST RD.  
BRANDON FL 33511**

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

Name **STUART W. UMBARGER**  
Street Address (P.O. Box Number is Not Acceptable)  
**1105 LITHIA PINECREST RD.**  
City **BRANDON** FL **33511**

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 *Stuart W. Umbarger* **STUART W. UMBARGER** **3/5/03**  
(NOTE: Registered Agent signature required when reinstating) 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 ☐ **\$5.00** May Be Added to Fees  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE ☐ Delete  
NAME **PTD**  
STREET ADDRESS **UMBARGER, STUART W**  
CITY-ST-ZIP **132 LITHIA PINECREST RD.  
BRANDON FL 33511**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
NAME **PTD**  
STREET ADDRESS **STUART W. UMBARGER**  
CITY-ST-ZIP **1105 LITHIA PINECREST RD.  
BRANDON, FL. 33511**

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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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 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: *Stuart W. Umbarger* **STUART W. UMBARGER** **3/5/03** **813/685-4852**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)