

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90394 011 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000037366

1. Entity Name
THE BROAD TRUST, INC.



Principal Place of Business
1950 1ST AVE. N.
ST. PETERSBURG, FL 33713

Mailing Address
1950 1ST AVE. N.
ST. PETERSBURG, FL 33713

2. Principal Place of Business
346 37th Ave NE
Suite, Apt. #, etc.

3. Mailing Address
346 37th Ave NE
Suite, Apt. #, etc.

City & State
St. Petersburg, FL
Zip **33704** Country **USA**

City & State
St. Petersburg, FL
Zip **33704** Country **USA**

4. FEI Number **59-3715822**
Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HALSTEAD, LARRY
1950 1ST AVE. N.
ST. PETERSBURG, FL 33713

7. Name and Address of New Registered Agent

Name **Larry Halstead**
Street Address (P.O. Box Number is Not Acceptable)
346 37th Ave NE
City **St. Petersburg** FL Zip Code **33704**

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 *Larry Halstead*

4-29-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reappointing)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DE	HALSTEAD, LARRY	1950 1ST AVE. NORTH	SAINT PETERSBURG, FL 33713	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	Larry Halstead	346 37 th Ave NE	St. Petersburg, FL 33704	

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: *Larry Halstead*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

Date

Daytime Phone #

CR2E034 (10/02)