

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-17-2002 90169 016 ***150.00

DOCUMENT # P01000068278

1. Entity Name

THE FOUNDERS GROUP - COMMERCIAL BROKERS, INC.

Principal Place of Business

**5005
 5005 W. LAUREL STREET
 SUITE 99
 TAMPA FL 33607**

Mailing Address

**5005
 5005 W. LAUREL STREET
 SUITE 99
 TAMPA FL 33607**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

210

Suite, Apt. #, etc.

210

City & State

City & State

Zip

Country

Zip

Country

4. FEE Number

59-3738121

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BRAY, C. TALMADGE
 308 E. TYLER STREET
 SUITE 100
 TAMPA FL 33602**

7. Name and Address of New Registered Agent

**C. TALMADGE BRAY
 5005 W. LAUREL STREET
 SUITE 99
 TAMPA FL 33607**

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

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **BRAY, C. TALMADGE**
 CITY-ST-ZIP **308 EAST TYLER ST., SUITE 100 TAMPA FL 33602**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MCCARTHY, VICTORIA L**
 CITY-ST-ZIP **308 EAST TYLER ST., SUITE 100 TAMPA FL 33602**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

2/29/02 803-639-1153

CR2E034 (9/01)