## 100282 AV

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

UNIFORM BUSINESS REPORT (UBR)				_ Apr 23, 2003 8:00 am
DOCUMENT # P02000016471  1. Entity Name				Secretary of State 04-23-2003 90292 043 ***150.00
BROADLEY INVESTMENTS INC.				04-23-2003 90292 043 130.00
Principal Place	ce of Business	Mailing Address 545 DELANEY AVENUE		
BUILDING 8	1 AACMOE	BUILDING 8		· ·
ORLANDO FL	L 32801	ORLANDO FL 32801		
2. Principal F	Place of Business DRIVE	3. Mailing Address 3751 ASTE	ER DRIVE	T A BAHABAT AIK 18 MB A BAHA BAHA BAHA BAHA BAHA BAHA BAHA
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & Stat	ASOTA, FL	SARASOTA	9, FL	4. FEI Number   Applied For   Not Applicable
<sup>zip</sup> 3423		34233	Country USA	5. Certificate of Status Desired   \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Nome	7. Name and Address of New Registered Agent
HARWOOD, CHRIS J Name LAURA · L. BROADLEY				
545 DELANEY AVENUE				ASTER DRIVE
BUILDING 8				
ORLANDO	O FL 32801		City SA	RASOTA FL 354233
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 .	Signature, typed or printed name of registered agent a	LT   UKT - L . (NOTE: I	Pegistered Agent signature requi	ed when reinstating) DATE
FILE NOW!!! FEE IS \$150.00  9. Election Campaign Financing \$5.00 May Be				
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State				Trust Fund Contribution. Added to Fees
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	BROADLEY, LAURA L	Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	545 DELANEY AVENUE, BUILDIN	G 8	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801		CITY-ST-ZIP	
TITLE Name	RECADIFY, LAURA	A · L □ Delete	TITLE NAME	☐ Change ☐ Addition (
STREET ADDRESS	BROADLEY, LAURA 3751 ASTER DRIV SARASOTA, FL	IE 222	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FLI		CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	- ····· · · · · · · · · · · · · · · · ·
CITY-ST-ZIP			CITY-ST-ZIP	☐ Change ☐ Addition
NAME		□ Delete	NAME	Change C Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP TITLE	☐ Change ☐ Addition
NAME		L. Delete	NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	ļ
TITLE		Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
12. I hereby o	certify that the information supplied with	this filing does not qualify for the	he exemption stated in S	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.				

SUPPORTURE AUDAILITER OF DIRECTOR

SIGNATURE: