

FILED
May 21, 2003 8:00 am
Secretary of State

4/

04-30-2003 90071 013 ***150.00

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

DOCUMENT # P02000067749

1. Entity Name
CONTINENTAL AG.BROKERS, INC.

Principal Place of Business
**12555 ORANGE DR., SUITE 101
DAVE, FL 33330**

Mailing Address
**12555 ORANGE DR., SUITE 101
DAVE, FL 33330**

55042623

2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **81-0557575**

Applied For
(Not Applicable)

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FITZGERALD, LUCETTE
12555 ORANGE DR., SUITE 101
DAVE, FL 33330**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

SUITE #150A

CITY PLANTATION

FL

Zip Code **33324**

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

Lucette Fitzgerald

4-28-03

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D GARDNER, PETER C
12555 ORANGE DR., SUITE 101
DAVE, FL 33330**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**7901 SW 6 COURT, #150A
PLANTATION, FL 33324**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D DRISCOLL, W. JOHN
12555 ORANGE DR., SUITE 101
DAVE, FL 33330**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**7901 SW 6 COURT, #150A
PLANTATION, FL 33324**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D FASH, DOUGLAS
12555 ORANGE DR., SUITE 101
DAVE, FL 33330**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**7901 SW 6 COURT, #150A
PLANTATION, FL 33324**

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(1), 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 637, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to this report, with signature line empowered.

SIGNATURE:

Peter C. Gardner

4/28/03 754-862-144

2003 FEE: \$25.00 PER FILING OF ANNUAL REPORT OR DIRECTOR

Secretary of State