

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90217 014 ***150.00

DOCUMENT # P02000074794

1. Entity Name
BROKERS 2000, INC.



Principal Place of Business
550 N. RIO STREET
300
TAMPA, FL 33609

Mailing Address
550 N. RIO STREET
300
TAMPA, FL 33609

14010137



2. Principal Place of Business

521 W. Ft. Island Trail
Suite E

City & State
Crystal River, FL

Zip
34429

Country
USA

3. Mailing Address

521 W. Ft. Island Trail
Suite E

City & State
Crystal River, FL

Zip
34429

Country
USA

04272004 Chg-P CR2E034 (10/03)

4. FEI Number
30-0095571

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RON A. RHOADES, P.A.
2450 N. CITRUS HILLS BLVD
HERNANDO, FL 34442

7. Name and Address of New Registered Agent

Name
Sandra J. Zimmermann
Street Address (P.O. Box Number is Not Acceptable)
521 W. Ft. Island Trail Suite E
Crystal River
City
FL Zip Code
34429

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: Sandra J. Zimmermann Controller Sandra J. Zimmermann 4/27/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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
P
SACK, NICK
550 N. RIO ST
TAMPA, FL 33609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Pres
Nick Sack
521 W. Ft. Island Trail Suite E
Crystal River, FL 34429 ☒ Change ☐ Addition

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

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

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☐ Change ☐ Addition

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:

Nick Sack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04
Date

352-564-888-1
Daytime Phone #