## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000002539  1. Entity Name BRADY & BRADY, P.A.					Apr 02, 2002 8:00 am Secretary of State 04-02-2002 90949 022 ***158.75	
Principal Place of Business 370 W CAMINO GARDENS BLVD STE 200C BOCA RATON FL 33432 US		Mailing Address 370 W CAMINO GARDENS BLVD STE 200C BOCA RATON FL 33432 US				
2. Principal l	Place of Business	3. Mailing Address				
Suite, Apt	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & Sta	ite	City & State			4. FEI Number 65-0361131 Applied For Not Applicable	
Zip Country		Zip Cour		try	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent	1
				Name		,
Brady, Frank R 370 w Camino Gardens Blvd				Street Address	s (P.O. Box Number is Not Acceptable)	
STE 200 (	C					
BOCA RA	TON FL 33432			City	FL Zip Code	
8. The above	e named effitity submits this statement for	rady		ed office or registe	itered agent, or both, in the State of Florida.  3/26/02 ired when reinstating)  DATE	
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW After May 1, 20 Make Check Payal	02 Fee v	will be \$550.00		
11.	OFFICERS AND	DIRECTORS	12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLÊ NAME STREET ADDRESS CIPY-ST-ZIP	PC Brady, Frank R 370 Camino Gardens BLVD BOCA RATON FL	☐ Delete	ll l		☐ Change ☐ Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRADY, FRANK 370 CAMINO GARDENS BLVD BOCA RATON FL	☐ Delete	- 11		☐ Change ☐ Addition	<u>Б</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BRADY, JEANNE C 370 CAMINO GARDENS BLVD BOCA RATON FL 33432	Delete	ll l	T ADDRESS ST-ZIP	Change Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	II.	ı	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	ll l	T ADDRESS ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete -	CITY-	T ADDRESS ST-ZIP	Change Addition	
13. I hereby o	certify that the information supplied with	this filing does not qualify for	the exen	nption stated in Se	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 tipe empowered.

SIGNATURE:

Daytime Phone #