ATX1

04 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

04 APR 15 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000002539

1. Entity Name

Brady & Brady, P.A.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
370 Camino Gardens Blvd.	
Suite, Apt. #, etc.: 200C	Suite, Apt. #, etc.
City & State: Boca Raton, FL	City & State
Zip: 33432 / Country	Zip / Country

4. FEI Number: 65-0361131 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Frank R. Brady, Esq.

Street Address (P.O. Box Number is Not Acceptable): Brady & Brady, P.A.

370 W. Camino Gardens Blvd., Suite 200C

City: Boca Raton **FL** Zip Code: 33432

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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11.	
TITLE	PD	TITLE	
NAME	Frank R. Brady	NAME	
STREET ADDRESS	370 W. Camino Gardens Blvd., Suite 200	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33432	CITY-ST-ZIP	
TITLE	VPDS	TITLE	
NAME	Jeanne C. Brady	NAME	800083275486B
STREET ADDRESS	370 W. Camino Gardens Blvd., Suite 200	STREET ADDRESS	04/14/04--01053--010 **158.75
CITY-ST-ZIP	Boca Raton, FL 33432	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	**IN THIS SPACE**
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Frank Brady Frank R. Brady 4/10/2004 561-338-9256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2