

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000003045**

1. Entity Name

ROGER H. BROOKS, A.P., P.A.

Principal Place of Business

Mailing Address

**10 FAIRWAY DRIVE
STE 105
DEERFIELD BEACH FL 33441
US****ROGER H BROOKS
22606 MERIDIANA DR
BOCA RATON FL 33441
US**

2. Principal Place of Business

3. Mailing Address

2621 N. FEDERAL HWY

Suite, Apt. #, etc.

SUITE E

Suite, Apt. #, etc.

City & State

Boca Raton

City & State

Zip

33431Country **US**

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0381393**

Applied For

Not Applicable

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

**BROOKS, ROGER H
10 FAIRWAY DRIVE
STE 105
DEERFIELD BEACH FL 33441**Name **ROGER H BROOKS**

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

22606 MERIDIANA DRCity **Boca Raton****FL**Zip Code **33433**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, ROGER H 22606 MERIDIANA DR BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, CHARLES E 801 CASTLEWOOD TERRACE CHICAGO IL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0306304

CR2E034 (10/00)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90089 042 ***150.00