2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

May 23, 2002 8:00 am Secretary of State P94000011048 DOCUMENT # 1. Entity Name 05-23-2002 90097 022 ***150.00 BRODERICK REALTY, CORP. Principal Place of Business Mailing Address 5514 PARK BLVD 5514 PARK BLVD PINELLAS PARK FL 33781 PINELLAS PARK FL 33781 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3232211 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ENGLANDER. LEONARD S Street Address (P.O. Box Number is Not Acceptable) 721 1ST AVE. NORTH's SAINT PETERSBURG FL 33701 City Zip Code 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution, Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01)TITLE ☐ Delete TITLE Addition Change BRODERICK, SEAN NAME 5514 PARK BOULEVARD STREET ADDRESS STREET ADDRESS PINELLAS PARK-FL 33781 CITY-ST-ZIP . CITY-ST-ZIP TITLE ☐ Delete Change Addition Broderick Tonia M. 5514 Park Blud Pinellas Park FL 3 OSBORNE, TONIA M NAME NAME STREET ADDRESS 5514 PARK BOULEVARD STREET ADDRESS CITY-ST-ZIP PINELLAS PARK FL 33781 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 trusted in powered to execute its report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Ionia M. Broderick

FILED