

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000077234

1. Entity Name

H. BRADY INSURANCE, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90433 004 ***150.00

Principal Place of Business

7457 NW 4TH ST
 PLANTATION FL 33317

Mailing Address

7457 NW 4TH ST
 PLANTATION FL 33324-3308

2. Principal Place of Business

298 S. University Drive

Suite, Apt. #, etc.

3. Mailing Address

298 S. University Drive

Suite, Apt. #, etc.

City & State

Plantation, Florida

City & State

Plantation, Florida

Zip

33324-3308

Country

USA

Zip

33324-3308

Country

USA

4. FEI Number

65-0527987

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

BRADY, HENRY
 7457 NW 4TH ST
 PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name

Henry Brady

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

298 S. University Drive

~~PLANTATION FL 33324-3308~~

City

Plantation, Florida

FL

Zip Code

33324-3308

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, 2000 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

TITLE	PST	<input type="checkbox"/> Delete
NAME	BRADY, HENRY	
STREET ADDRESS	7457 NW 4 ST	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	298 S. University Drive	
CITY-ST-ZIP	Plantation, Florida 33324-3308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: *Henry Brady*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Henry Brady

4-19-00

(954) 581-1165

Date

Daytime Phone #

CR2E034 (9/99)