

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0405148 AV

DOCUMENT # P95000073674

1. Entity Name
AEP BROWARD, INC.



FILED

03 APR 11 AM 7:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
7000 W PALMETTO PARK RD
STE 408
BOCA RATON FL 33433

Mailing Address
7000 W PALMETTO PARK RD
STE 408
BOCA RATON FL 33433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0624620

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

City

FL

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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Delete
NAME ASHENFELTER, MARIA
STREET ADDRESS 7000 W PALMETTO PARK RD STE 408
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Delete
NAME Senior Vice President, Secretary ☒ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME MIRRIONE, KRISTEN
STREET ADDRESS 7000 W PALMETTO PARK RD STE 408
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Delete
NAME ~~200015743215~~
STREET ADDRESS ~~04/11/03 01012--002 ***676.25~~
CITY-ST-ZIP

TITLE AS ☒ Delete
NAME SILVAY, SANDRA
STREET ADDRESS 342 NORTH MAIN STREET STE 200
CITY-ST-ZIP W HARTFORD CT 06117

TITLE ☐ Change ☒ Addition
NAME Assistant Secretary
NAME Susan A. Janiak
STREET ADDRESS 342 N. Main St., Ste 200
CITY-ST-ZIP West Hartford, CT 06117

TITLE PC ☐ Delete
NAME KONOVER, SIMON
STREET ADDRESS 7000 W PALMETTO PARK RD STE 408
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Change ☐ Addition
NAME ~~200015743215~~
STREET ADDRESS ~~04/11/03 01012--002 ***676.25~~
CITY-ST-ZIP

TITLE VP ☒ Delete
NAME KONOVER, THEODORE
STREET ADDRESS 7000 W PALMETTO PARK RD STE 408
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CFO ☐ Delete
NAME COMBS, GREGORY
STREET ADDRESS 7000 W PALMETTO PARK RD STE 408
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☒ Change ☐ Addition
NAME Executive Vice President/COO
NAME Gregory V. Combs
STREET ADDRESS
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gregory V. Combs
Gregory V. Combs,
Executive VP/COO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)