

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000064907

1. Entity Name

BROD LAW GROUP, P.A.

Principal Place of Business

Mailing Address

19209 US HWY 41 N
LUTZ FL 33549
US

PO BOX 428
LUTZ FL 33548-0428
US

2. Principal Place of Business

3. Mailing Address

3314 Henderson Blvd.

P.O. Box 18877

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 100

City & State

City & State

Tampa FL

Tampa, FL

33609

Country

USA

Zip

33679

Country

USA

4. FEI Number

59-3390942

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROD, SHERMAN M
19209 US HWY 41 N
LUTZ FL 33549

Name
Brad, Sherman M.
Street Address (P.O. Box Number is Not Acceptable)
3314 Henderson Blvd. # 100

City Tampa

FL

Zip 33609

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

Sherman M. Brod Sherman M. Brod 4/18/2000

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)

X

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PSTD
BROD, SHERMAN M
STREET ADDRESS 19209 US HWY 41 N
CITY-ST-ZIP LUTZ FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS 403 S. Willow Ave. Unit A
CITY-ST-ZIP Tampa, FL 33606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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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:

Sherman M. Brod Sherman M. Brod 4/18/2000 874-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE