

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90005 046 ***150.00

DOCUMENT # P96000087746

1. Entity Name

EMPIRE BUSINESS BROKERS OF SARASOTA, INC.

Principal Place of Business

**1290 N PALM AVE
 SARASOTA FL 34236
 US**

Mailing Address

**1290 N PALM AVE
 SARASOTA F 34236
 US**

2. Principal Place of Business

330 S. PINEAPPLE AVE.

3. Mailing Address

330 S. PINEAPPLE AVE.

Suite, Apt. #, etc.

SUITE #203

Suite, Apt. #, etc.

SUITE #203

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34236

Country

US

Zip

34236

Country

US

4. FEI Number

59-3416144

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BOYLE, JANET A
 464 E ROYAL FLAMINGO DR
 SARASOTA FL 34236**

7. Name and Address of New Registered Agent

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.

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, 2002 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 ☐ Delete

**TSD
 NAME BOYLE, JANET A
 STREET ADDRESS 464 E ROYAL FLAMINGO DR
 CITY-ST-ZIP SARASOTA FL 34236**

TITLE ☐ Delete

**PVD
 NAME BOYLE, BRIAN F
 STREET ADDRESS 464 E. ROYAL FLAMINGO DR.
 CITY-ST-ZIP SARASOTA FL 34236**

TITLE ☐ Delete

**D
 NAME BOYLE, CLIFFORD A
 STREET ADDRESS 5051 HOULE PLACE
 CITY-ST-ZIP SARASOTA FL 34232**

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

BRIAN F. BOYLE

4/17/02 (941) 935-4484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)