

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90129 023 \*\*\*158.75

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**DOCUMENT # P96000102649**

1. Entity Name

**BRAD J. WILKUS & ASSOCIATES, INC.**



Principal Place of Business  
320 NW 115 WAY  
CORAL SPRINGS FL 33071  
US

Mailing Address  
320 NW 115 WAY  
CORAL SPRINGS FL 33071  
US

2. Principal Place of Business

**1440 Coral Ridge Dr**

3. Mailing Address

**1440 Coral Ridge Dr**

Suite, Apt. #, etc.

**# 365**

Suite, Apt. #, etc.

**# 365**

City & State

**Coral Springs FL**

City & State

**Coral Springs, FL**

Zip

**33071**

Country

**USA**

Zip

**33071**

Country

**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**65-0714488**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILKUS, BRAD J**  
**320 NW 115 WAY**  
**CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

Name

**Brad J. Wilkus**

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

**1440 Coral Ridge Dr, #365**

City

**Coral Springs**

FL

Zip Code

**33071**

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

**Brad J. Wilkus**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/22/03**

**FILE NOW!!! FEB. 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

TITLE **PSTD** ☐ Delete  
NAME **WILKUS, BRAD J**  
STREET ADDRESS **320 NW 115 WAY**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Brad J. Wilkus PSTD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1440 Coral Ridge Dr., #365**  
CITY-ST-ZIP **Coral Springs, FL 33071**

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

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

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TITLE ☐ Change ☐ Addition  
NAME  
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:

**Brad J. Wilkus**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/03**

Date

**954-752-6701**

Daytime Phone #

CR2E034 (10/02)