

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90296 038 \*\*\*150.00

0549183 AV

**DOCUMENT # P97000027489**

1. Entity Name  
**BROKERNET, INC.**



Principal Place of Business  
**501 VILLAGE GREEN PKWY  
STE 7  
BRADENTON FL 34209**

Mailing Address  
**501 VILLAGE GREEN PKWY Po. Box 14670  
STE 7  
BRADENTON FL 34209 34280**



2. Principal Place of Business

**1401 8th Ave W.**

Suite, Apt. #, etc.  
**Bradenton**

City & State  
**FL**

Zip  
**34205**

Country

3. Mailing Address

**PO Box 14670**

Suite, Apt. #, etc.  
**Bradenton**

City & State  
**FL**

Zip  
**34280**

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0757400**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ENNIS, GENE C  
501 VILAGE GREEN PKWY  
STE 7  
BRADENTON FL 34209**

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. 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

**4-18-03**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>PST ENNIS, GENE 501 VILLAGE GREEN PKWY #7 BRADENTON FL 34209</b>			
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-18-03 800 258-5503**

Date

Daytime Phone #

CR2E034 (10/02)