

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90211 048 \*\*\*150.00

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**DOCUMENT # P97000032299**

1. Entity Name

**BROKERS INTERSTATE GROUP, INC.**

Principal Place of Business

**2536 COUNTRYSIDE BLVD  
 SIXTH FLOOR  
 CLEARWATER FL 33763  
 US**

Mailing Address

**2536 COUNTRYSIDE BLVD  
 SIXTH FLOOR  
 CLEARWATER FL 33763  
 US**

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

**59-3448264**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHATANOFF, ROBERT H  
 2536 COUNTRYSIDE BLVD  
 SIXTH FLOOR  
 CLEARWATER FL 33763**

Name **North, Heather L**

Street Address (P.O. Box number is Not Acceptable)  
**2536 Countryside Blvd,**

**Sixth Floor**

**Clearwater**

City

**FL**

Zip Code **33763**

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

12. 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 |
|------------------------|---|---------------------------------|------------|----------------------------|---|
| PDST YORK, CHRISTOPHER | 2536 COUNTRYSIDE BLVD SIXTH FLOOR CLEARWATER FL 33763 | <input type="checkbox"/>        |            |                            |   |
|                        |   | <input type="checkbox"/>        |            |                            |   |
|                        |   | <input type="checkbox"/>        |            |                            |   |
|                        |   | <input type="checkbox"/>        |            |                            |   |
|                        |   | <input type="checkbox"/>        |            |                            |   |
|                        |   | <input type="checkbox"/>        |            |                            |   |

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:

*Christopher York*  
**Christopher York**

**4.15.02**

**(727)726-0726**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)