

08/15/01 12:47 FAX 8479559987
7:37 EDT 08/14/2001 - CSC The United States Corp.

NORMAN N BERKS

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90007 041 ***558.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98 000013268			
1. Entity Name BRANDON FINANCIAL GROUP, INC			
Principal Place of Business 1800 CORPORATE BLVD STE #301 BOCA RATON FL 33431		Mailing Address	
2. Principal Place of Business SEE 1 ABOVE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
Country		Country	
4. Fed Number 65-081169 Applied For Not Applicable			
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DAVID NETAUN 1900 CORPORATE BLVD BOCA RATON, FL 33431			
7. Name and Address of New Registered Agent Name: DAVID JAVOR Street Address (P.O. Box Number is Not Acceptable): 1800 CORPORATE BLVD - STE 301 City: BOCA RATON FL Zip Code: 33431			
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] 8/15/01 (Signature typed or printed name of registered agent and title is acceptable. (NOTICE: Registered Agent signature required when reappointing.) DATE			
9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so. (See criteria on back) ☐		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			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRES - SEC/TREAS NAME KENNETH J. WOLF STREET ADDRESS 1800 CORPORATE BLVD CITY-ST-ZIP BOCA RATON, FL 33431	☒ Delete	TITLE PRES - SEC/TREAS NAME DAVID JAVOR STREET ADDRESS 1800 CORPORATE BLVD - STE 301 CITY-ST-ZIP BOCA RATON, FL 33431	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: [Signature] 8/15/01 561 962 4000		DATE 8/15/01 FILED 561 962 4000	

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