2002 UNIFORM BUSINESS REPORT (UBR)

P98000017725 DOCUMENT # 1. Entity Name BRANDLAUR DEVELOPMENT GROUP, INC.

FILED
Apr 01, 2002 8:00 am
Secretary of State
04-01-2002 90653 044 ***150.00

Principal Plac	e of Business	Mailing Address								
8590 EGRET LANE		7000 131ST STREET								
SEMINOLE FL 33776		SEMINOLE FL 33776								
9 Principal D	lace of Business	3. Mailing Address								
700		G. Mannig / Galloos								
Suite, Apt.		Suite, Apt. #, etc.				DO NOT WRIT	TE IN THIS S	PACE		
		Oh. 9 Skets				4. FFI Number Applied For				
City & State	IINOLE, FL	City & State			4. 1	59-3495687			ot Applicable	1
Zip Country 33776 USA		Zip Count		try	5. (5. Certificate of Status Desired		\$8.75 Add		
	6. Name and Address of Current F	Registered Agent			7. I	Name and Address of New R	egistered A	gent]=
				Name	1					
SIGLER, G	ERALD P JR	Street Address			Iress (P.O. E	(P.O. Box Number is Not Acceptable)				
7000 1315	ST STREET					<u> </u>				┨
SEMINOLE	FL 33776]
				City		-	FL	Zip Cod	et	
8 The above	named entity submits this statement for	the purpose of changing its	register	ed office or re	egistered ac	gent, or both, in the State of Flo	orida.			1
g. The above	riamed entity additite this statement for	the purpose of changing we	rogioto		9,0.0.0.0	,•, •				
SIGNATURE.	<u> </u>									
•	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	d Agent signature	required when r	einstating)	DATE			4
9. This corpo	oration is eligible to satisfy its Intangible	FILE NOW!!! FEE IS \$150.00				10. Election Campaign Fir	nancing	\$5.0	00 May Be	}
_	requirement and elects to do so.	After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta				Trust Fund Contributio			d to Fees	
		<u> </u>	12.	epartinent c		DDITIONS/CHANGES TO OFF	ICERS AND	DIBECTOR	2S IN 11	┨
11.	OFFICERS AND I	Delete	12. 	F I	AL	DDITIONS/CHANGES TO OFF	ICERS AND	☐ Change	Addition	1 5
TITLE NAME	PD Sigler, Gerald P Jr		NAM							(0/0
STREET ADDRESS	7000 131ST STREET		STR	EET ADDRESS						100
CITY-ST-ZIP	SEMINOLE FL 33776		CITY	'-ST-ZIP	,		•			u
TITLE	VPD	☐ Delete	TITL					☐ Change	Addition	2
NAME	SIGLER, LAURA J		NAM	_						Ì
STREET ADDRESS CITY-ST-ZIP	7000 131 ST STREET	•	11	EET ADDRESS '-ST-ZIP						
-	SEMINOLE FL 33776	Delete Delete	= -;;;;					Change	Addition	┥╾
TITLE NAME		□1 nálete	NAN							
STREET ADDRESS			STR	EET ADDRESS						
CITY-ST-ZIP			CITY	r-ST-ZIP			<u></u>]
TITLE		☐ Delete	TITL	E				Change	☐ Addition	
NAME			NAM	1						1
STREET ADDRESS			III III	EET ADDRESS /-ST-ZIP						
CITY-ST-ZIP						/		☐ Change	Addition	┪
TITLE		☐ Delete	TITL NAN					☐ Change	Addition	
NAME STREET ADDRESS			II II	EET ADDRESS						-
CITY-ST-ZIP			III III	-ST-ZIP						
TITLE	·	☐ Delete	TITL	.ε				☐ Change	Addition	1
NAME			NAN					-		
STREET ADDRESS			- 11	EET ADDRESS						
CITY-ST-ZIP			U	/-ST-ZIP						4
13. I hereby	pertify that the information supplied with	this filing does not qualify fo	or the exe	emption state	d in Section	119.07(3)(i), Florida Statutes.	I further cer	ify that the	information	1

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: 2