2002 Uniform Business Report (UBR)

Mar 13, 2002 8:00 am DOCUMENT # P98000067325 **Secretary of State** 1. Entity Name PRESBY, BROWN & ASSOCIATES, INC. 03-13-2002 90038 013 ***150.00 ٠. Principal Place of Business .Mailing Address 2400 E COMMERCIAL BLVD. SUITE 309 2400 E COMMERCIAL BLVD. SUITE 309 FT LAUDERDALE FL.33308. FT LAUDERDALE FL 33308 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. SUITE Suite 423 City & State City & State 4. FEI Number Applied For 65-0856040 Not Applicable Country \$8.75 Additional Country ___ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LUNNY, CHRISTOPHER B Street Address (P.O. Box Number is Not Acceptable) 106 E COLLEGE AVE, SUITE 1200 TALLAHASSEE FL 32301 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) Change ☐ Addition TITLE Delete TITLE NAME NAME PRESBY, RICHARD G 2400 E. COMMERCIAL . Suite 423 STREET ADDRESS STREET ADDRESS 2400 E COMMERCIAL BLVD 309 CITY-ST-ZIP CITY ST-ZIP FT LAUDERDALE FL 33308 ☐ Addition TITLE Delete TITLE **VP** NAME NAME BROWN, EDWARD L III STREET ADDRESS A400 6. COMMERCIAL BLOO - SUITE 423 STREET ADDRESS 2400 E COMMERCIAL BLVD 309 CITY-ST-ZIP CITY-ST-ZIP ET_LAUDERDALE_FL.33308 TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

FILED

1/26/2002 954-491-0504 Wate Daytime Phone #