

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005104

1. Entity Name

BRODEE CONSTRUCTION SERVICES, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90116 031 ***158.75

Principal Place of Business

3628 S. GIBLIN DR.
NORTH PORT FL 34287

Mailing Address

3628 S. GIBLIN DR.
NORTH PORT FL 34286-6636

2. Principal Place of Business

3483 CRITTENDON ST

Suite, Apt. #, etc.

3. Mailing Address

3483 CRITTENDON ST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

North Port FLORIDA

City & State

North Port FLORIDA

4. FEI Number

59-3557157

Applied For

Not Applicable

Zip

Country

34286

SARASOTA

Zip

Country

34286

SARASOTA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUNDERSON, MIKO P
C/O BATSEL, MCKINLEY, ITTERSAGEN, P.A.
1861 PLACIDA RD., STE. 204
ENGELWOOD FL 34223

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.

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, 2000 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

TITLE D ☐ Delete
NAME BRODERICK, RICHARD JR
STREET ADDRESS 3628 S. GIBLIN DR. 3624 S. GIBLIN DR
CITY-ST-ZIP NORTH PORT FL 34287

TITLE D ☐ Delete
NAME BRODERICK, DENISE D
STREET ADDRESS 3628 S. GIBLIN DR. 3624 S. GIBLIN DR
CITY-ST-ZIP NORTH PORT FL 34287

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: Denise Broderick DENISE BRODERICK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/00
Date

941-423-7440
Daytime Phone #

CR2E034 (9/99)