

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2002 8:00 am
Secretary of State

05-23-2002 90033 022 ***150.00

DOCUMENT # P99000106223

1. Entity Name

BROOKS-MYDOCK PROPERTY MANAGEMENT, INC.

Principal

BROOKS-MYDOCK

8968 S.E.

Property Management, Inc.

CONE LANE

HOBE SOUND

3184 SE Banyan Street

FL 33455

Stuart, FL 34997

2. Principal Place of Business

3184 SE Banyan St.

3. Mailing Address

3184 SE Banyan St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Stuart, FL

4. FEI Number

65-0967990

Applied For

Not Applicable

Zip

34997

Country

Martin

Zip

34997

Country

Martin

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROOKS, MALCOLM T

~~8968 S.E. PINE CONE LANE~~

~~HOBE SOUND FL 33455~~

**3184 SE Banyan St.
 Stuart, FL
 34997**

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	MYDOCK, DUSTIN M	
STREET ADDRESS	8968 S.E. PINE CONE LANE 3184 SE Banyan St.	
CITY-ST-ZIP	HOBE SOUND FL 33455 Stuart, FL 34997	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROOKS, MALCOLM T	
STREET ADDRESS	8968 S.E. PINE CONE LANE 3184 SE Banyan St.	
CITY-ST-ZIP	HOBE SOUND FL 33455 Stuart, FL 34997	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Malcolm T Brooks 6-9-02 772 260 8047

35744



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)