

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S43085**

1. Entity Name

THE BRODEUR SALES COMPANY, INC.

Principal Place of Business

**4622 WADHAM LANE
JACKSONVILLE FL 32210**

Mailing Address

**4622 WADHAM LANE
JACKSONVILLE FL 32210**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3069722**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRODEUR, MARGARET C.
4622 WADHAM LANE
JACKSONVILLE FL 32210**

7. Name and Address of New Registered Agent

Name **Richard A. Brodeur, Jr.**

Street Address (P.O. Box Number is Not Acceptable)

4622 Wadham Lane

City

Jacksonville

FL

Zip Code

32210

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]

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	BRODEUR, RICHARD	
STREET ADDRESS	4622 WADHAM LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	REILLY, MARY B. C.	
STREET ADDRESS	9127 RUNNYMEADE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRODEUR, RICHARD H. JR.	
STREET ADDRESS	5568 LAMOYA AVENUE S-14	
CITY-ST-ZIP	JACKSONVILLE FL	
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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brodeur, Sr. Richard H.	
STREET ADDRESS	4622 WADHAM LANE	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reilly, Mary B	
STREET ADDRESS	9127 Runnymede	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	P/T/C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rich Brodeur, Richard	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/T/C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brodeur, Jr. Richard H.	
STREET ADDRESS	4635 Argonne Lane	
CITY-ST-ZIP	Jacksonville, FL 32210	
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90053 030 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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