

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V47753****1. Entity Name**
BROKERS UNLIMITED OF THE SOUTHEAST, INC.**FILED**
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90047 031 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
12725 53RD RD N
ROYAL PALM BEACH FL 33411
US**Mailing Address**
12725 53RD RD N
ROYAL PALM BEACH FL 33411
US**2. Principal Place of Business**
205 NE 16th Ave
Suite, Apt. #, etc.**3. Mailing Address**
PO Box 279
Suite, Apt. #, etc.**City & State**
Gainesville FL
Zip
32601
Country
USA**City & State**
Hawthorne FL
Zip
32640
Country
USA**4. FEI Number** 65-0376651**Applied For**
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**KRAMER, SCOTT
6650 W INDIANTOWN RD
SUITE 200
JUPITER FL 33458**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** _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**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** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D NICHOLS, ROBERT B., JR.	12725 53RD RD.	ROYAL PALM BEACH FL	
	D NICHOLS, JULIA	12725 53RD RD.	ROYAL PALM BEACH FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:** Julia Nichols
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1-2-01 352-337-2977
Date Daytime Phone #

CR2E034 (10/00)