


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91899 017 \*\*\*150.00

DOCUMENT # **V52764**  
1. Entity Name  
**FRANCIS BRENNAN & ASSOC, INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1300 N. FEDERAL HWY**  
Suite, Apt. #, etc.  
**#211**

3. Mailing Address  
**1300 N. FEDERAL HWY**  
Suite, Apt. #, etc.  
**#211**

DO NOT WRITE IN THIS SPACE

City & State  
**BOCA RATON FL**

City & State  
**BOCA RATON FL**

Zip  
**33432** Country  
**USA**

Zip  
**33432** Country  
**USA**

4. FEI Number  
**65-0353677**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

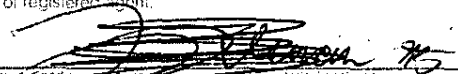
7. Name and Address of Current Registered Agent

Name  
**FRANCIS J BRENNAN**

Street Address (P.O. Box Number is Not Acceptable)  
**1300 N. FEDERAL HWY #211**

City  
**BOCA RATON FL** Zip Code  
**33432**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **N/A** DATE

January 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FRANCIS J BRENNAN 1300 N. FEDERAL HWY BOCA RATON FL 33432 PRESIDENT</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **FRANCIS J BRENNAN** 4-30-03 561-395-1169

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)