


**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


Signature, Street Address, and City and State of registered agent and fee is applicable. (NOTE: Registered Agent signature required when re-registering)

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	FRANCIS J BRENNAN 1300 N. FEDERAL HWY BOCA RATON FL 33432 PRESIDENT	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)