

ORIGINAL

to be used for deposit information to Records.

Initials of person who forwarded check

[Handwritten initials]

CK 1699
\$700.00
MC

1. Name of company or name of individual (not fictitious name or d/b/a):
Phillips & Brooks/Gladwin, Inc.

2. Name under which applicant will do business (fictitious name, etc.):
Phillips & Brooks/Gladwin, Inc.

3. Official mailing address:

Street: 5900 Windward Pkwy. Bldg. 200, Suite 130

P.O. Box: _____

City: Alpharetta

State: Georgia Zip: 30005

4. Florida address:

Street: 8292 N. West 64th Street

P.O. Box: _____

City: Miami

State: FL Zip: 33166

5. Structure of organization:

() Individual

(x) Corporation

() General Partnership

() Limited Partnership

() Other: _____

DEPOSIT

DATE

D276

NOV 27 2002

6. If incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State

Corporate Registration Number: 833463

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC 1
- OTH _____

Form PSC/CMU-32 (02/99)

Required by Commission Rule Nos. 25-24.510 & 25-24.511

File Name: cmu-32.doc

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