

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90002 049 ***150.00

DOCUMENT # 206978

1. Entity Name

BRINTON'S PAINT COMPANY

Principal Place of Business

Mailing Address

200 PARK ST
 P.O. BOX 2007
 JACKSONVILLE FL 32203

200 PARK ST
 P.O. BOX 2007
 JACKSONVILLE FLA 32203-2007

LUUUUUU6



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRINTON, BURK B.
1951 AFTON LN.
JACKSONVILLE FL 32211

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	BRINTON, BURK B	
STREET ADDRESS	1951 AFTON LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BRINTON, MARY W	
STREET ADDRESS	1951 AFTON LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRINTON, ROBERT E	
STREET ADDRESS	1528 CARLOTTA RD.,W.	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
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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:

Handwritten Signature
 BRINTON, BURK B
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-2000 904-357-777
 Date Daytime Phone #