

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2002 8:00 am
Secretary of State

07-17-2002 90143 021 ***150.00

DOCUMENT # P01000032505
 1. Entity Name
BRIGGS DISTRIBUTING, INC.

Principal Place of Business
P O BOX 530075
ORLANDO FL 32853

Mailing Address
P O BOX 530075
ORLANDO FL 32853

41064



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
900 N-Shine
 Suite, Apt. #, etc.
ORLANDO, FL
 City & State

3. Mailing Address
P.O. BOX 530075
 Suite, Apt. #, etc.
ORLANDO FL
 City & State

Zip
32803 Country
Orange

Zip
32853 Country

4. FEI Number
P010000032505 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
TIMOTHY M GOAN, P.A.
1 CORPORATE DR, SUITE 1-C
PALM COAST FL 32137

7. Name and Address of New Registered Agent
 Name: **STEVEN BRIGGS**
 Street Address (P.O. Box Number is Not Acceptable)
~~P O BOX 530075~~ **900 N-SHINE AVE**
ORLANDO, FL 32853
 City **ORLANDO, FL** Zip Code **32853**

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: *Steven C Briggs* **7-15-02**
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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIGGS, STEVEN P O BOX 530075 ORLANDO FL 32853	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIGGS, SHAUN J 1315 MARKS ST ORLANDO FL 32803	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Steven C Briggs* **7-15-02** **407-808-0199**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment PO1000032505/ 41064
[REDACTED]

7-15-02

Please ACCEPT this
Payment of 150⁰⁰

This is the first
Time I have Filed
For the Corporation and
Just Received the 2002
Uniform Report, in the mail
LAST week. my Registered
Agent DIONT send on
take care of this for
me.

Thank you

Steve

BR1665

407-808-0199 cell