## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # 7 01 000033 892	
	FILED
Bricks to Sticks inc.	02 JUN 19 PM 3 04
DO NOT WRITE IN THIS SPACE	SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Place of Bysins 2. 3. Mailing Address	
Suite, Apt. #, etc. Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
- D'Brie Ph. City & 813	4. FEI Municipal Applied For Not Applicable
32071 Sumannee Zip Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
Nam	7. Name and Address of Current Registered Agent
DO NOT WRITE	DEBURAN J CRONIN
IN THIS SPACE	Address 8.8 Box Nump3 is not Acceptable Un
IN THIS SPACE	
City	OBrien FL 32371
8. The above name of the submits this statement for the purpose of changing its registered office	
SIGNATURE Signature, typed or printed name of registered agent and talle if applicable. Signature required when reinstalling) DATE	
9. This corporation is eligible to satisfy its Intangible  Tax filling requirement and elects to do so.  After May 1: Fee is \$150.00  After May 1: Fee is \$150.00  To a stilling requirement and elects to do so.  Amended UBR is \$61.25  Trust Fund Contribution.	
(See Chieffa of Dack) Make Check Payable to Departm	
TITLE Drosident Director Seating Transmille	5
NAME DEBOVAL J. CRONIN	20000620565268
STREET ADDRESS ZIMBS 135H Drive STREET ADDRESS CITY-ST-ZIP O'Brich FL. 32071 SCHY-ST-ZIP	20000620565263 -07/03/0201059016 *****61.25 ******61.25
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NAME RAME	
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CITY-ST-ZIP CITY-ST-ZIP	
TITLE NAME NAME	
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13. I hereby certify that the information supplied with this filling 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 pealver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other fike empowered.	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	