

DOCUMENT # P97000067456

1. Entity Name

O. BRISKY BOOKS, INC.

Principal Place of Business

Mailing Address

P O BOX 585
CHOLOKKA BLVD # 117
MICANOPY FL 32667

P O BOX 585
CHOLOKKA BLVD # 117
MICANOPY FL 32667-0585

2. Principal Place of Business

3. Mailing Address

117 CHOLOKKA BLVD.

P.O. BOX 585

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MICANOPY, FL

MICANOPY, FL

City & State

City & State

FLORIDA

Zip

Country

Zip

Country

32667

32667

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRISKY, O J
P O BOX 585
117 CHOLOKKA BLVD
MICANOPY FL 32667

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	BRISKY, O J			
	5701 MALLON ST.			
	NEW PORT RICHEY FL 34852			
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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: *O. J. Brisky* **SIGNATURE REQUIRED O. J. BRISKY** Date: **5 JAN 2000** Daytime Phone #: **352-466-3910**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 18, 2000 8:00 am
Secretary of State

01-12-2000 90055 034 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3460037

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR25-034 10/00