

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 183682

1. Entity Name

BRIMSON INVESTMENTS, INC.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90150 005 \*\*\*158.75

Principal Place of Business

4428 SW 74 AVE  
MIAMI FL 33155

Mailing Address

4428 SW 74 AVE  
MIAMI FL 33155-4408

2. Principal Place of Business

140 SE LELAND ST

3. Mailing Address

140 SE LELAND ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PORT CHARLOTTE FL

City & State

PORT CHARLOTTE FL

4. FEI Number

59-0731217

Applied For

Not Applicable

Zip

33952

Country

USA

Zip

33952

Country

USA

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRIMSON, W G  
140 SE LELAND ST  
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

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

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | STD                     | <input type="checkbox"/> Delete |
| NAME           | BRIMSON, JOAN MAREE     |                                 |
| STREET ADDRESS | 140 SE LELAND ST        |                                 |
| CITY-ST-ZIP    | PORT CHARLOTTE FL 33952 |                                 |
| TITLE          | PD                      | <input type="checkbox"/> Delete |
| NAME           | BRIMSON, WILLIAM G, JR  |                                 |
| STREET ADDRESS | 140 SE LELAND ST        |                                 |
| CITY-ST-ZIP    | PORT CHARLOTTE FL 33952 |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

*Joan Brimson* JOAN BRIMSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-00

Date

941-625-7188

Daytime Phone #

CR2E034 (9/99)