

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 590268

Entity Name

& BRINKMAN, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90080 005 ***150.00

Principal Place of Business

Mailing Address

MAITLAND AVE.
BOX 150322
ALTAMONTE SPRINGS FL 32715-7322

PO BOX 150322
ALTAMONTE SPRINGS FL 32715-0322
US

00010000

Principal Place of Business

3. Mailing Address

14 APOPKA ST

PO Box 770614

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER GARDEN, FL

City & State

WINTER GARDEN, FL.

Zip

32787

Country

USA

Zip

34777-0614

Country

USA

4. FEI Number

59-1854484

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KUHL, STEPHAN C
659 MAITLAND AVE
ALTAMONTE SPRINGS FL 32715

7. Name and Address of New Registered Agent

Name
JEFFREY E. BRINKMAN

Street Address (P.O. Box Number is Not Acceptable)

214 APOPKA ST.

City

WINTER GARDEN

FL

Zip Code

34787

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

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**

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PD KUHL, STEPHAN C 112 SHORE DR. LONGWOOD, FL 00000	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JEFFREY E. BRINKMAN 214 Apopka St. Winter Garden, FL. 34787	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STD BRINKMAN, JEFFREY E 2829 MARQUESAS CT. WINDERMERE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)