

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 09, 2001 08:00 AM**
Secretary of State**DOCUMENT # F40531**1. Entity Name
BUD'S TAKE OUT CHICKEN, INC.

Principal Place of Business % MICHAEL A BRINKMAN 518 INDUSTRIAL AVE.,#12 BOYNTON BEACH 33426 FL	Mailing Address % MICHAEL A BRINKMAN 518 INDUSTRIAL AVE.,#12 BOYNTON BEACH 33426 FL
--	--

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2149229

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**BRINKMAN, MICHAEL A**
509 BOYNTON BCH.BLVD.**BOYNTON BEACH**
33435
FL**7. Name and Address of New Registered Agent**

Name

BRINKMAN, MICHAEL A

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

518 INDUSTRIAL AVE#12

City

BOYNTON BEACH**FL**Zip Code
33426

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 **MICHAEL BRINKMAN****01/09/2001**

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, 2001 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	VP	☐ Delete
NAME	BRINKMAN THOMAS P.	
STREET ADDRESS	518 INDUSTRIAL AVE. #12	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	

TITLE	ST	☐ Delete
NAME	BRINKMAN MARK D.	
STREET ADDRESS	518 INDUSTRIAL AVE. #12	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	

TITLE	P	☐ Delete
NAME	BRINKMAN MICHAEL	
STREET ADDRESS	518 INDUSTRIAL AVE #12	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ 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: **michael brinkman**

p

01/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)