

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F90103

1. Entity Name

BRIAN'S SHELL SERVICE, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90140 023 ***150.00

Principal Place of Business

10193 CLEARY BLVD
PLANTATION FL 33324
US

Mailing Address

1800 N. PINE ISLAND RD.
PLANTATION FL 33322
US

2. Principal Place of Business

3. Mailing Address

10193 Cleary Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Plantation FL

Zip

Country

Zip

Country

33324

US

4. FEI Number

65-0175444

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOODY, STEVE E.
1333 S. UNIVERSITY DR
SUITE 201
PLANTATION FL 33324

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 re-statuting)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
ST	SADOWSKI, JUDITH W	7384 S.W. 9TH COURT	PLANTATION FL	<input type="checkbox"/>
PD	SADOWSKI, PAUL J	7384 SW 9TH ST	PLANTATION, FL 00000	<input type="checkbox"/>
VPD	SADOWSKI, BRIAN P	7384 S.W. 9TH ST	PLANTATION FL 33317	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judith W. Sadowski

DATE

4-6-01

DAYTIME PHONE #

954 424 0232

CR2E034 (10/00)