

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90198 031 ***150.00

DOCUMENT # F97000000766

1. Entity Name

BRICKS IN THE STICKS LTD., INC.

Principal Place of Business

**900 FAIRWAY LANE
 SODDY DAISY TN 37379
 US**

Mailing Address

**ATTN: ONESTY & WRIGHT
 210 LITTLE FALLS ST #201
 FALLS CHURCH VA 22046
 US**

959019



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-1745186

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RAY, RICHARD B
 6108 26TH STREET WEST, STE 2
 BRADENTON FL 34207**

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	LUKEN III, HENRY G	
STREET ADDRESS	900 FAIRWAY LANE	
CITY-ST-ZIP	SODDY DAISY TN 37379	
TITLE	ST.	<input type="checkbox"/> Delete
NAME	WRIGHT, SAMUEL T	
STREET ADDRESS	210 LITTLE FALLS ST, #201	
CITY-ST-ZIP	FALLS CHURCH VA 22046	
TITLE	V	<input type="checkbox"/> Delete
NAME	ONESTY, KENNETH B	
STREET ADDRESS	210 LITTLE FALLS ST, #201	
CITY-ST-ZIP	FALLS CHURCH VA 22046	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Samuel T. Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-02 703 538-5344

CR2E034 (9/01)