

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90114 004 ***150.00

DOCUMENT # F97000002653

1. Entity Name
BRIC MCMANN INDUSTRIES, INCORPORATED

Principal Place of Business

**1100 CLEVELAND ST
 SUITE 1612
 CLEARWATER FL 33755
 US**

Mailing Address

**P.O. BOX 1238
 CLEARWATER FL 33757
 US**

2. Principal Place of Business

1704 Clearwater Largo Rd North C-1
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

Clearwater FL

Zip

Country

33756 Florida

Zip

Country

FL

4. FEI Number **72-1034327**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HOFMANN, ERIC C
 1100 CLEVELAND STREET
 SUITE 1612
 CLEARWATER FL 33755**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
**1704 Clearwater Largo Rd N.
 Suite C-1
 Clearwater FL 33756**

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: 

(NOTE: Registered Agent signature required when reinstating)

DATE

2-28-02

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

TITLE **P** ☐ Delete
 NAME **HOFMANN, ERIC**
 STREET ADDRESS **1100 CLEVELAND ST. SUITE 1612**
 CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE **V** ☐ Delete
 NAME **HOFMANN, ELWYN**
 STREET ADDRESS **1111 MADISON STREET**
 CITY-ST-ZIP **GRETN LA**

TITLE **ST** ☐ Delete
 NAME **DIPASCAL, LEAH**
 STREET ADDRESS **15324 FAIRCHILD DRIVE**
 CITY-ST-ZIP **TAMPA FL 33647**

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 **1704 Clearwater Largo Rd N**
 CITY-ST-ZIP **Clearwater FL 33756**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **Zip 70053**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **15824 Fairchild Dr.**
 CITY-ST-ZIP **Not 15324**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-28-02 813 631-8900

CR2E034 (9/01)