2000 UNIFORM BUSINESS REPORT (UBR)

3/15/00-90075-031-$150.00-$150.00

FILED

00 APR 26 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000006133

1. Entity Name

BRINCKMANN & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
HOLCOMB BRIDGE RD. STE. J1 CROSS GA 30071	3081 HOLCOMB BRIDGE RD. STE. J1 NORCROSS GA 30071-1396

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3081 Holcomb Bridge Rd.	3081 Holcomb Bridge Rd.
Suite, Apt. #, etc.: Suite J-1	Suite, Apt. #, etc.: Suite J-1
City & State: Norcross, Ga.	City & State: Norcross, GA.
Zip: 30071 Country: Gwinnett	Zip: 30071 Country: Gwinnett

4. FEI Number 58-2327559 ☐ 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
GARVEN, DAVID E 952 PALMETTO ST. OVIEDO FL 32765	Name: CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD BROWARD COUNTY City: PLANTATION FL Zip Code: 33324

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: Charles F. Shampang, Assistant Secretary — APRIL 20, 2000

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, 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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PC BRINCKMANN, GEORGE-ERICK 3081 HOLCOMB BRIDGE RD. STE. J1 NORCROSS GA 30071	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT BRINCKMANN, GEORGE-ERICK 3081 HOLCOMB BRIDGE ROAD, SUITE J-1 NORCROSS, GA 30071	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRINCKMANN, PAUL 3081 HOLCOMB BRIDGE RD. STE. J1 NORCROSS GA 30071	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP AND D, VICE CHAIRMAN LLOYD, MARK M. 3170 REPS MILLER ROAD, SUITE 190 NORCROSS, GA 30071	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARVEN, DOUG 3081 HOLCOMB BRIDGE RD. STE. J1 NORCROSS GA 30071	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAIRMAN/D JOHNSON, THOMAS S. P.O. BOX 273478 TAMPA, FL 33688-3478	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHILLING, RAYMOND P.O. BOX 273478 TAMPA, FL 33688-3478	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JOHNSON, TODD S. P.O. BOX 273478 TAMPA, FL 33688-3478	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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] — 03-10-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #