		
DOCUMENT	#	F98000006133

1. Entity Name

BRINCKMANN & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

NORCROSS	JMB BRIUGE: RD. STE. VI GA 30071	3081 HOLCOMB BRIDGE RD. STE. J1 NORCROSS GA 30071			٠,		44.5 1.12.6	Marie de Marie		
2. Principal	Place of Business	3. Mailing Address	·	_						
3170 REPS MILLER RD Suite, Apt. #, etc. SUITE 190		Suite, Apt. #, etc. SULTE 190		60	DO NOT WRITE IN THIS SPACE					
City & State NORCRUSS GA		City & State NORCROSS GA		4.	FEI Number 58-2327559				Applied For	
2ip 3:00		3007/	Country	5. (Certificate of	Status Desired		\$8.75 Ac	dditional	
	6. Name and Address of Current Ro	egistered Agent	NI	7. 1	Name and Ac	Idress of New Rec	gistered	Agent		
≃-GT:GOFF	PORATION SYSTEM		Name							
1200 SOUTH PINE ISLAND RD.			Street Add	Street Address (P.O. Box Number is Not Acceptable)						
PLANTATION FL 33324										
			City	- -		<u></u> -	FL	Zip Cod		
8. The above	e named entity submits this statement for the	he purpose of changing its re	egistered office or re	nistered an	ent or both i	n the State of Floris		<u>- </u>		
		to be been as a command to to		gistered ag	ent, or both, i	IT THE STATE OF FIGHT	Jä.			
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable (ADTE I				<u>.</u>				
- Ti			Registered Agent signature r		instating)		DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FE After May 1, 2002 Fe Make Check Payable to I			Fee will be \$550	will be \$550.00				ncing \$5.00 May Be Added to Fees		
11. 3	OFFICERS AND DI	RECTORS	12.	AD	L DITIONS/CH	ANGES TO OFFICE	ERS AND	DIRECTOR	IS IN 11	
TITLE+ NAME STREET ADDRESS CITY-ST-ZIP	BRINCKMANN, GEORGE-ERICK 3081 HOLCOMB BRIDGE RD STE. NORCROSS GA 30071	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	
TITLE Name Street address City-St-Zip	VDVC. LLOYD, MARK M	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	
TITLE Name Street address City-St-Zip	CD JOHNSON, THOMAS S P.O. BOX 273478 TAMPA FL 33688-3478	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	in the second	<u>.</u>	: *, ·		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHILLING, RAYMOND P.O. BOX 273478 TAMPA FI 33888,3478	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	
ITLE IAME STREET ADDRESS STY-ST-ZIP	S JOHNSON, TODD S P.O. BOX 273478 TAMPA FL 33688-3478	ু □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	
ITLE IAME TREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS					☐ Change	Addition	

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR