

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90238 006 \*\*\*150.00

**40064595**



04082005 Chg-P CR2E034 (10/03)

4. FEI Number 23-2949247 Applied For Not Applicable

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

**DOCUMENT # F98000006544**  
1. Entity Name  
**THE BRICKMAN GROUP, LTD. INCORPORATED**



Principal Place of Business  
**375 S. FLOWERS MILL ROAD  
LANGHORNE, PA 19047**

Mailing Address  
**375 S. FLOWERS MILL ROAD  
LANGHORNE, PA 19047**

2. Principal Place of Business  
**18227 Flower Hill Way**  
Suite, Apt. #, etc.  
**Ste D**  
City & State  
**Gaithersburg, MD**  
Zip  
**21774** Country  
**USA**

3. Mailing Address  
**18227 Flower Hill way**  
Suite, Apt. #, etc.  
**Ste D**  
City & State  
**Gaithersburg, MD**  
Zip  
**21774** Country  
**USA**

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTD<br>BRICKMAN, SCOTT W<br>375 S. FLOWERS MILL ROAD<br>LANGHORNE, PA 19047 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | President, Director<br>Scott W. Brickman<br>18227 Flower Hill way, Ste D<br>Gaithersburg MD 21774 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CD<br>BRICKMAN, THEODORE W JR<br>375 S. FLOWERS MILL ROAD<br>LANGHORNE, PA 19047 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VAT<br>SILCOX, CHARLES B<br>375 S. FLOWERS MILL ROAD<br>LANGHORNE, PA 19047 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | TV<br>Charles B. Silcox<br>375 S. Flowers mill rd<br>Langhorne, PA 19047 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VS<br>HJELLE, MARK A<br>375 S. FLOWERS MILL ROAD<br>LANGHORNE, PA 19047 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VS<br>mark A. Hjelle<br>18227 Flower Hill way, Ste D<br>Gaithersburg, MD 20877 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VAS<br>POLOZIE, STEPHEN<br>375 S FLOWERS MILL RD<br>LANGHORNE, PA 19047 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VAS<br>Stephen Polozie<br>18227 Flower Hill way, Ste D<br>Gaithersburg MD 20877 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>NEAL, JACK<br>375 S. FLOWERS MILL ROAD<br>LANGHORNE, PA 19047 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen Polozie, VP 4/18/05 240-683-2015  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #