## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 02, 2001 8:00 am Secretary of State DOCUMENT # F9900001172 BRICKEY INVESTMENTS. INC. 3-02-2001 90082 019 \*\*\*150.00 Principal Place of Business Mailing Address 777 S. FLAGLER DR., STE. 300-E 777 S. FLAGLER DR., STE, 300-E WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 00028625 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0895436 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **CPS** Addition CR2E034 (10/00 TITLE ☐ Delete TITLE BROWN, MORRIS C NAME NAME STREET ADDRESS 777 S. FLAGLER DR., STE. 300-E STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 TITLE ☐ Delete TITLE Change Addition NAME GOWING, DELMER C III NAME STREET ADDRESS 777 S. FLAGLER DR., STE. 300-E STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-26T-ZIP ng loes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of accurate and that thy signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the proposited. 2/27/01 13. I hereby certify that the information expelled with this filing of indicated on this report or supplemental report is true and according to the control of the corporation or the receive bowered changed, or on an attachment with Morris C. Brown, President 561-650-7928 SIGNATURE: Daytime Phone #