

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# H06408

FILED
Feb 13, 2003
Secretary of State

Entity Name: BRICKMAN II, INC.

Current Principal Place of Business:

8618 ORETO DRIVE
PORT RICHEY, FL 34668 US

New Principal Place of Business:

Current Mailing Address:

8618 ORETO DRIVE
PORT RICHEY, FL 34668 US

New Mailing Address:

FEI Number: 59-2415856 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRICKMAN, ROBERT
8618 ORETO DRIVE
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRICKMAN, ROBERT,
Address: 18651 AVENU CAPRI
City-St-Zip: LUTZ, FL

Title: DST () Delete
Name: BRICKMAN, MARGARET V, .
Address: 18651 AVENU CAPRI
City-St-Zip: LUTZ, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BRICKMAN, ROBERT,
Address: 18651 AVENU CAPRI
City-St-Zip: LUTZ, FL

Title: DST (X) Change () Addition
Name: BRICKMAN, MARGARET V, .
Address: 18651 AVENU CAPRI
City-St-Zip: LUTZ, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT BRICKMAN

PRES

02/13/2003

Electronic Signature of Signing Officer or Director

_____ Date