

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90055 026 ***150.00

DOCUMENT # J05444

1. Entity Name
JIM BRILEY, INC.

Principal Place of Business

117 DONS COURT
 LAKELAND FL 33801
 US

Mailing Address

117 DONS COURT
 LAKELAND FL 33801
 US

2. Principal Place of Business

117 DONS CT

Suite, Apt. #, etc.

3. Mailing Address

430 S. RAMONA AVE

Suite, Apt. #, etc.

City & State
LAKE LAND FL

FL

City & State
LAKE ALFRED FL

FL

4. FEI Number **59-2648359**

Applied For
 Not Applicable

Zip
33801

Country
USA

Zip
33850

Country
USA

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

6. Name and Address of Current Registered Agent

SANDERS, BARRY W
117 DONS COURT
LAKE LAND FL 33801

7. Name and Address of New Registered Agent

Name **Judith Briley**
 Street Address (P.O. Box Number is Not Acceptable)
430 S. RAMONA AVE
 City **LAKE ALFRED FL** Zip Code **33850**

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 *Judith Briley* **JUDITH BRILEY**
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, 2001 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

TITLE	STD	<input type="checkbox"/> Delete
NAME	BRILEY, JUDITH	
STREET ADDRESS	115 DON'S COURT	
CITY-ST-ZIP	LAKE LAND FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BRILEY, JAMES, SR.	
STREET ADDRESS	115 DON'S COURT	
CITY-ST-ZIP	LAKE LAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDITH BRILEY	
STREET ADDRESS	430 S. RAMONA AVE	
CITY-ST-ZIP	LAKE ALFRED, FL 33850	
TITLE	VICE PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES BRILEY	
STREET ADDRESS	430 S. RAMONA AVE	
CITY-ST-ZIP	LAKE ALFRED, FL 33850	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEITH LOVE	
STREET ADDRESS	430 S. RAMONA AVE	
CITY-ST-ZIP	LAKE ALFRED, FL 33850	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Judith Briley* **JUDITH BRILEY** 4/11/01 863-956-9448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)