

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

LAKELAND FL

City & State

LAKE ALFRED FL

Zip

33801

Country

USA

Zip

33850

Country

USA

4. FEI Number

59-2648359

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANDERS, BARRY W
117 DONS COURT
LAKELAND 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 NAME STREET ADDRESS CITY-ST-ZIP	STD BRILEY, JUDITH 115 DON'S COURT LAKELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRILEY, JAMES, SR. 115 DON'S COURT LAKELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

Date

Daytime Phone #

4/11/01

863-956-9448

CR2E034 (10/00)