

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K70898

1. Entity Name

PINK, INC

Principal Place of Business

Mailing Address

1792 SEA OATS DR  
ATLANTIC BCH FL 32233  
US

P O BOX 330866  
ATLANTIC BEACH FL 32233-0866  
US

2. Principal Place of Business

3. Mailing Address

1792 SEA OATS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ATLANTIC BCH FL

City & State

4. FEI Number

59-2934961

Applied For

Not Applicable

Zip

Country

Zip

Country

32233

US

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERMAN, CAROLYN ESQ.  
1831 N. 3RD STREET  
JACKSONVILLE BEACH FL 32250

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.

SIGNATURE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME SAMPSON, SHERRY  
STREET ADDRESS 647 OCEAN BLVD  
CITY-ST-ZIP ATLANTIC BCH FL 32233 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME SAMPSON, KRISTOFER  
STREET ADDRESS 647 OCEAN BLVD  
CITY-ST-ZIP ATLANTIC BCH FL 32233 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME BRINKLEY, GINNY  
STREET ADDRESS 1792 SEA OATS  
CITY-ST-ZIP ATLANTIC BEACH FL 32233 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME BRINKLEY, BILL  
STREET ADDRESS 1792 SEA OATS DRIVE  
CITY-ST-ZIP ATLANTIC BEACH FL 32233 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: GINNY BRINKLEY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00 904/246-2454  
Date Daytime Phone #

CR2E034 (9/99)