

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99/7149

1. Entity Name

BRIGGS MANAGEMENT CONSULTING, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP -8 AM 10:02

Principal Place of Business

6240 SW 4TH ST  
MARGATE, FL 33068

Mailing Address

6240 SW 4TH ST  
MARGATE, FL 33068

2. Principal Place of Business

6240 SW 4TH ST

3. Mailing Address

6240 SW 4TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MARGATE, FL

City & State  
MARGATE FL

4. FEI Number  
65-1033218

☒ Applied For  
☐ Not Applicable

Zip  
33068-006 Country  
USA

Zip  
33068 Country  
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
FRANK L BRIGGS MGRM  
6240 SW 4TH ST  
MARGATE, FL 33068

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
NORVEL BRIGGS MGR  
6240 SW 4TH ST  
MARGATE, FL 33068

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MARCUS A BRIGGS MGR  
6240 SW 4TH ST  
MARGATE, FL 33068

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
NICHOLE BRIGGS MGR  
2937 KELLY KASBE LANE  
TAMPA, FL 33064

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400003391834--9  
-09/13/00--01076--010  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Frank L Briggs FRANK L. BRIGGS 8/21/00 954-973-6490  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (1/199)