

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000001659

1. Entity Name

BRM POSTAL, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90115 028 ***150.00

Principal Place of Business Mailing Address
6969 S. Tamiami Trail 6969 S. Tamiami Trail
Sarasota, FL 34231 Sarasota, FL 34231

2. Principal Place of Business 3. Mailing Address
5370 Clark Road 5370 Clark Road
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite A Suite A
City & State City & State
Sarasota, Florida Sarasota, Florida
Zip Country Zip Country
34233 USA 34233 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0988457 Not Applicable

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

6. Name and Address of Current Registered Agent

Barbara K. Smith
6969 S. Tamiami Trail
Sarasota, Florida 34231

7. Name and Address of New Registered Agent

Name Brian G. Miller
Street Address (P.O. Box Number is Not Acceptable)
5370 Clark Road, Suite A
City Sarasota FL Zip Code 34233

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.

Brian G. Miller

4-7-00
DATE

(NOTE: Registered Agent signature required when reinstating)

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

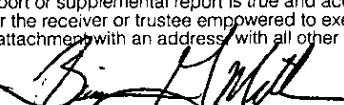
TITLE	P	<input type="checkbox"/> Delete
NAME	Brian Miller	
STREET ADDRESS	6687 Meandering Way	
CITY-ST-ZIP	Bradenton, Florida 34202	
TITLE	V/S	<input type="checkbox"/> Delete
NAME	Rita Miller	
STREET ADDRESS	6687 Meandering Way	
CITY-ST-ZIP	Bradenton, Florida 34202	
TITLE		<input type="checkbox"/> Delete
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	P/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brian Miller	
STREET ADDRESS	6687 Meandering Way	
CITY-ST-ZIP	Bradenton, Florida 34202	
TITLE	V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rita Miller	
STREET ADDRESS	6687 Meandering Way	
CITY-ST-ZIP	Bradenton, Florida 34202	
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		
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:

 Brian G. Miller
Signature and Type of or Printed Name of Signing Officer or Director
Brian G. Miller, President

Date

Daytime Phone #

4-7-2000 941-921-9881

CR2E034 (9/99)