

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000023134

1. Entity Name
BRITANS, INC.



FILED

08 JAN 29 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
3861 NORTHDAL BLVD.
TAMPA, FL 33624

Mailing Address
3861 NORTHDAL BLVD.
TAMPA, FL 33624

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222008

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3626749

Applied For

Not Applicable

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

REED, TANIA JOY
3861 NORTHDAL BLVD.
TAMPA, FL 33624

Name

REED, ADRIA

Street Address (P.O. Box Number is Not Acceptable)

3861 NORTHDAL BLVD.

City

TAMPA

FL

Zip Code

33624

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

P

1/22/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete
NAME REED, TANIA
STREET ADDRESS 104 14TH ST
CITY - ST - ZIP BELLEAIR BEACH, FL 33786

TITLE P ☐ Change ☒ Addition
NAME REED, ADRIA
STREET ADDRESS 9026 Cliff Lake Ln
CITY - ST - ZIP TAMPA FL 33614

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/08

(813) 205-3422

Date

Daytime Phone