## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF

## May 22, 2002 8:00 am Secretary of State P00000024710 DOCUMENT # 1. Entity Name 05-22-2002 90139 019 \*\*\*150.00 JOHN K. BRIGGS, INC. Mailing Address Principal Place of Business **477 BELLA CAMINO WAY 477 BELLA CAMINO WAY** INDIATLANTIC FL 32903 INDIATLANTIC FL 32903 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3632278 Not Applicable \$8.75 Additional • Zip Country Zip Country $\Box$ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent --- 6:::Name and Address of Current Registered Agent Name BARNES, W D Street Address (P.O. Box Number is Not Acceptable) 310 5TH AVE INDIALANTIC FL 32403 Zip Code City 8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) ped or printed name of registered agent a FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) ☐ Addition TITLE Delete TITLE n NAME NAME BRIGGS, JOHN K STREET ADDRESS STREET ADDRESS **477 BELLA CAMINO WAY** CITY-ST-ZIP CITY-ST-ZIP INDIATLANTIC FL 32903 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attackment with an address, with all other like expowered.

**FILED**