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2002 Uniform Business Report (UBR)

Mar 20, 2002 8:00 am DOCUMENT # P00000060380 **Secretary of State** 1. Entity Name PAINTING BY BRIGGS, INC. 03-20-2002 90026 022 ***150.00 Principal Place of Business Mailing Address 1381 WILDWOOD LAKE BLVD. #2 1381 WILDWOOD LAKE BLVD. #2 NAPLES FL 34103 NAPLES FL 34103 Oak Forest Dr 1013 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3651570 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 34104 4.5 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Brigge Street Address (P.O. Box Number is Not Acceptable) **BRIGGS, JEREMY** 1381 WILDWOOD LAKE BLVD, #2 NAPLES FL 34103 4104 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. stered agent and this if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition □ Change TITLE ☐ Delete TITLE **BRIGGS, JEREMY** NAME NAME STREET ADDRESS 4017 ROSE AVE STREET ADDRESS NAPLES FL 34113 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete BRIGGS, JERRY NAME NAME STREET ADDRESS STREET ADDRESS **5241 JENNINGS STREET** CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34112 ☐ Change ☐ Addition TITLE" ☐ Delete TÍTÍ F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change [] Addition TITI F ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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.