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FILED
Sep 03, 2002 8:00 am
Secretary of State

08-20-2002 90124 040 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000064472

1. Entity Name
BRICKEY, INC.

DO NOT WRITE IN THIS SPACE

[redacted]

2. Principal Place of Business	3. Mailing Address	
1711 WORTHINGTON RD.	297 HARLBERRY CIR.	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc. 201	Suite, Apt. #, etc.	
City & State: WEST PALM BEACH, FL	City & State: JUPITER, FL	4. FEI Number: 65-1023291 ☐ Applied For ☐ Not Applicable
Zip: 33409 Country: PALM BEACH	Zip: 33458 Country: PALM BEACH	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ADRIAN L. BRICKEY

Street Address (P.O. Box Number is Not Acceptable): 1711 WORTHINGTON ROAD, SUITE 201

City: WEST PALM BEACH FL Zip Code: 33409

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 ______ 08-29-02

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	January 1 - May 1 Fee is $150.00 After May 1, Fee is $550.00 Amended UBR Is $61.25 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	BRICKEY, ADRIAN L. 1711 WORTHINGTON ROAD, SUITE 201 WEST PALM BEACH, FL 33409	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: ADRIAN L. BRICKEY 08-16-02 561-352-6260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
D# P0000004472

[redacted]

870760

European Health Concepts
1711 Worthington Road Suite 201
West Palm Beach, Florida 33409
561-683-1678

August 16, 2002

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

SUBJECT: **2002 UNIFORM BUSINESS REPORT NOT RECEIVED**

This letter is to inform you the 2002 Uniform Business Report was not received. I called (850) 488-9000 for assistance, and I have been told to print the form from your Web Site (**see attached).**

See enclosed check for $150.00 as a payment for **2002 Uniform Business Report for Brickey, Inc. FEI #65-1023291**.

If you have any questions, please call me at (561) 352-6260.

Sincerely,

Adrian E. Brickey

01-002-MO