

8/20

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

2. Principal Place of Business

1711 WORTHINGTON RD.

3. Mailing Address

297 HARLARRY CIR.

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

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

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

DO NOT WRITE
IN THIS SPACE

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 of typed or printed name of registered agent and title if applicable

(If Officer, Registered Agent signature required when reissuing)

DATE

08-29-02

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
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DO NOT WRITE
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an officer like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

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

CR2E034B (12/01)



European Health Concepts

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

Attachment
D# P00000004412

870760

August 16, 2002

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

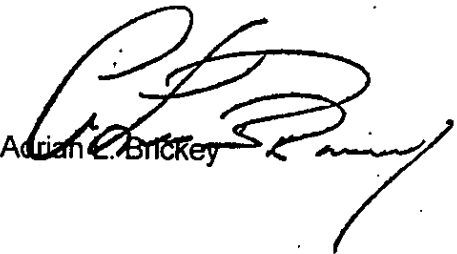
SUBJECT: **2002 UNIFORM BUSINESS REPORT NOT RECEIVED**

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 C. Brickey