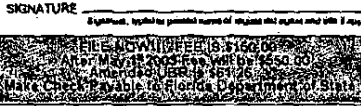
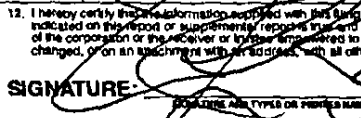


9/12/2003-90090-048-\$150.00-\$150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000064472			
1. Entity Name BRICKEY, INC.			
Principal Place of Business 1711 WORTHINGTON RD., SUITE 201 W. PALM BCH, FL 33411		Mailing Address 297 MARLBERRY CIR JUPITER, FL 33458	
2. Principal Place of Business 297 MARLBERRY CIR Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Jupiter FL		City & State	
Zip 33458		Country	
4. FEI Number 65-1023231		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BRICKEY, ADRIAN L 1711 WORTHINGTON RD., SUITE 201 W. PALM BCH, FL 33411		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  DATE			
FILE NOW! FEE IS \$150.00 AND MAY BE PAID BY CREDIT CARD Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS ☐ Delete TITLE NAME STREET ADDRESS CITY-STATE-ZIP D BRICKEY, ADRIAN L 1711 WORTHINGTON RD., SUITE 201 W. PALM BCH, FL 33411		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-STATE-ZIP 100024000581 10/22/03-01611-000 **400.00	
12. I hereby certify the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 appointed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 as changed, or on an attachment with my address, with all other line empowered.			
SIGNATURE 		Date City/County/State	

7/10/27