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.

90156551 REVENUE

Principal Place of Business	Mailing Address
1711 WORTHINGTON RD., SUITE 201 W. PALM BCH, FL 33411	297 MARLBERRY CIR JUPITER, FL 33458

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
297 Marlberry Cir	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jupiter FL	City & State
Zip: 33458 Country: US	Zip / 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	7. Name and Address of New Registered Agent
BRICKEY, ADRIAN L 1711 WORTHINGTON RD., SUITE 201 W. PALM BCH, FL 33411	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
(Signature, typed or printed name of signee and title if applicable. NOTE: Registered Agent's signature required when reinstating)

FILE NOW! FEE IS $150.00
After May 1st 2003 Fee will be $550.00
Print, Annotate, Sign & Mail
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRICKEY, ADRIAN L 1711 WORTHINGTON RD., SUITE 201 W. PALM BCH, FL 33411	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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10/22/03--01011--008 **400.00

12. I hereby certify 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 reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date
(SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY, OFFICER OR DIRECTOR)

9/10/27