

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

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90240 034 ***150.00

DOCUMENT # P00000084966

1. Entity Name

BRIAN PINKSTON, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10121 W SUNRISE BLVD

3. Mailing Address

10121 W SUNRISE BLVD

Suite, Apt. #, etc.

APT. 106

Suite, Apt. #, etc.

APT. 106

DO NOT WRITE IN THIS SPACE

City & State

PLANTATION, FL

City & State

PLANTATION, FL

4. FEI Number

65-1037815

Applied For

Not Applicable

Zip

33322

Country

Zip

33322

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name SCHWARTZ, MICHAEL

Street Address (P.O. Box Number is Not Acceptable)

2514 HOLLYWOOD BLVD

SUITE # 508

City

HOLLYWOOD

FL

Zip 33020

**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 authorized officer or director (If signed by authorized officer or director, attach signature of each officer or director.)

(If officer or director is not a resident of Florida, attach signature of each officer or director.)

(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
D
PINKSTON, BRIAN
STREET ADDRESS
10121 W SUNRISE BLVD, APT. 106
CITY-ST-ZIP
HOLLYWOOD, FL 33322

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian Pinkston

4/22/02 President