

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

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93660 045 ***155.00

DOCUMENT # P01000040870

1. Entity Name

BRILLIANCE INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3325 HAVILAND COURT

Suite, Apt. #, etc.

SUITE 103

City & State

PALM HARBOR

Zip

34684

Country

3. Mailing Address

3325 HAVILAND COURT

Suite, Apt. #, etc.

SUITE 103

City & State

PALM HARBOR

Zip

34684

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3713054

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DARIUSZ PALCZEWSKI

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

3325 HAVILAND COURT - #103

City

PALM HARBOR

FL

Zip Code

34684

**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, 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
P
DARIUSZ PALCZEWSKI
3325 HAVILAND COURT # 103
PALM HARBOR FL 34684

TITLE
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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: Dariusz Palczewski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.18.02 727-692-6441
Date Daytime Phone #

CR2E0348 (12/01)