

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 09, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90022 021 \*\*\*150.00

**DOCUMENT #** P01000060408

1. Entity Name  
**BRIMJ PINELLAS LAND HOLDINGS, INC.**



Principal Place of Business  
1721 RAINBOW DRIVE  
CLEARWATER FL 33755

Mailing Address  
1721 RAINBOW DRIVE  
CLEARWATER FL 33755

**55050618**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number **APPLIED FOR**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**J. MARCUS VERNON**  
**1721 RAINBOW DRIVE**  
**CLEARWATER FL 33755**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	<b>D</b> <b>J. MARCUS VERNON</b> <b>1721 RAINBOW DRIVE</b> <b>CLEARWATER FL 33755</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

**SIGNATURE:** **SIGNATURE REQUIRED** **J. MARCUS VERNON** **4/28/03** **727-447-4444**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)

Form **SS-4**(Rev. February 1998)  
Department of the Treasury  
Internal Revenue Service**Attachment**  
**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

Keep a copy for your records.

EIN

OMB No. 1545-0003

1	Name of applicant (legal name) (see instructions) <b>BRHJ PUELLAS LAND HOLDINGS, INC.</b>		FIN <b>58-2674865</b>
2	Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name	
4a	Mailing address (street address) (room, apt., or suite no.) <b>1721 RAINBOW DR</b>	3a Business address (if different from address on lines 4a and 4b)	
4b	City, state, and ZIP code <b>CLEARWATER, FL 33755</b>	3b City, state, and ZIP code	
5	County and state where principal business is located <b>PUELLAS, FLORIDA</b>		
7	Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) <b>J. MARCUS VERNON, PRES. - 226-94-6005</b>		

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Sole proprietor (SSN)                    | <input type="checkbox"/> Personal service corp.                   | <input type="checkbox"/> Estate (SSN of decedent)                 |
| <input type="checkbox"/> Partnership                              | <input type="checkbox"/> National Guard                           | <input type="checkbox"/> Plan administrator (SSN)                 |
| <input type="checkbox"/> REMIC                                    | <input type="checkbox"/> Farmers' cooperative                     | <input checked="" type="checkbox"/> Other corporation (specify) ▶ |
| <input type="checkbox"/> State/local government                   | <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Trust                                    |
| <input type="checkbox"/> Other nonprofit organization (specify) ▶ | <input type="checkbox"/> Federal government/military              |   |
| <input type="checkbox"/> Other (specify) ▶                        | (enter GEN if applicable)   |   |

8b If a corporation, name the state or foreign country (if applicable) where incorporated State Foreign country

- 9 Reason for applying (Check only one box.) (see instructions)
- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Started new business (specify type) ▶<br><b>REAL ESTATE SALE</b> | <input type="checkbox"/> Banking purpose (specify purpose) ▶               |
| <input type="checkbox"/> Hired employees (Check the box and see line 12.)                            | <input type="checkbox"/> Changed type of organization (specify new type) ▶ |
| <input type="checkbox"/> Created a pension plan (specify type) ▶                                     | <input type="checkbox"/> Purchased going business                          |
|  | <input type="checkbox"/> Created a trust (specify type) ▶                  |
|  | <input type="checkbox"/> Other (specify) ▶                                 |

10 Date business started or acquired (month, day, year) (see instructions) 6/1/03

11 Closing month of accounting year (see instructions) 12/31/03

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) 06/2003

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) Nonagricultural Agricultural Household

14 Principal activity (see instructions) ▶ REAL ESTATE SALE

15 Is the principal business activity manufacturing? ☐ Yes ☒ No  
If "Yes," principal product and raw material used ▶16 To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale) ☐ N/A  
☐ Public (retail) ☐ Other (specify) ▶17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No  
Note: If "Yes," please complete lines 17b and 17c.17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.  
Legal name ▶ Trade name ▶17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.  
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

**J. MARCUS VERNON, PRESIDENT**

Business telephone number (include area code)

**727-447-4444**

Fax telephone number (include area code)

**727-446-6213** ✓

Name and title (Please type or print clearly.) ▶

Signature ▶

Date ▶ 5/23/03

Note: Do not write below this line. For official use only.

Please leave blank ▶ Gao. Ind. Class Size Reason for applying