

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90822 047 \*\*\*150.00

0547005 AV

**DOCUMENT #** P02000042906

**1. Entity Name**  
BRINN ENTERPRISES, INC.



**Principal Place of Business**  
357 6TH AVE. W.  
BRADENTON FL 34205

**Mailing Address**  
357 6TH AVE. W.  
BRADENTON FL 34205



**2. Principal Place of Business**  
5750 29<sup>TH</sup> ST. E

**3. Mailing Address**  
5750 29<sup>TH</sup> ST. E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

**City & State**  
ELLENTON FL

**City & State**  
ELLENTON FL

**4. FEI Number**  
02-0587156

**Applied For**  
☐ Not Applicable

**Zip**  
34222

**Country**

**Zip**  
34222

**Country**

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

**6. Name and Address of Current Registered Agent**

BRINN, ROBERT  
357 6TH AVE. W.  
BRADENTON FL 34205

**7. Name and Address of New Registered Agent**

**Name** Robert A Brinn  
**Street Address (P.O. Box Number is Not Acceptable)**

5750 29<sup>TH</sup> ST. E

**City** ELLENTON

**FL**

**Zip Code** 34222

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**TITLE** **D** ☐ Delete  
**NAME** BRINN, ROBERT  
**STREET ADDRESS** 5750 29TH ST E.  
**CITY-ST-ZIP** ELLENTON FL 34222

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

**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:**

*Robert A Brinn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

Date

Daytime Phone #

(941)

7220623

CR2E034 (10/02)