

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90014 012 \*\*\*550.00

**DOCUMENT # P93000041348**

1. Entity Name  
**BRINTECH, INC.**

*LN*

Principal Place of Business  
**124 CANAL STREET**  
**NEW SMYRNA BEACH FL 32168**  
**US**

Mailing Address  
**124 CANAL**  
**NEW SMYRNA BEACH FL 32168**  
**US**

00059939



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-2056319**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**RAMONA L BREWER**  
**1215 COMMODORE DRIVE**  
**NEW SMYRNA BEACH FL 32168**

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.

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) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **EVP** ☒ Delete  
 NAME **DAVID KOTO**  
 STREET ADDRESS **735 REDWING DR**  
 CITY-ST-ZIP **LAKE MARY FL**

TITLE **SVP** ☐ Change ☒ Addition  
 NAME **GARY ROGERS**  
 STREET ADDRESS **2011 KING AIR CT.**  
 CITY-ST-ZIP **DAYTONA BEACH, FL 32124**

TITLE **CEOP** ☐ Delete  
 NAME **BREWER, HAROLD J**  
 STREET ADDRESS **1215 COMMODORE DR**  
 CITY-ST-ZIP **NEW SMYRNA BEACH FL**

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

TITLE **VP** ☐ Delete  
 NAME **BREWER, RAMONA L.**  
 STREET ADDRESS **1215 COMODORE DRIVE**  
 CITY-ST-ZIP **NEW SMYRNA BEACH FL**

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

TITLE **CFD** ☒ Delete  
 NAME **JACKSON, RAE LYNN**  
 STREET ADDRESS **705 HERBERT ST**  
 CITY-ST-ZIP **PORT ORANGE FL**

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

TITLE **P** ☐ Delete  
 NAME **BROCKETT, JIM**  
 STREET ADDRESS **1616 N ATLANTIC AVE**  
 CITY-ST-ZIP **NEW SMYRNA BCH FL**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **6009 SANCTUARY GARDEN BLVD.**  
 CITY-ST-ZIP **PORT ORANGE, FL 32124**

TITLE **EVP** ☐ Delete  
 NAME **GLOVER, SUSAN K**  
 STREET ADDRESS **995 SMOKEHOUSE BLVD**  
 CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **541 JOHN ANDERSON**  
 CITY-ST-ZIP **ORMOND BEACH, FL 32176**

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

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*(386) 427-4772*

CR2E034 (5/01)