

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90718 043 ***150.00

DOCUMENT # P93000074074

1. Entity Name

Bricksea Corp.

DO NOT WRITE IN THIS SPACE

11039722

2. Principal Place of Business

1000 East William St.

Suite, Apt. #, etc.

Suite 204

3. Mailing Address

1000 East William St.

Suite, Apt. #, etc.

Suite 204

DO NOT WRITE IN THIS SPACE

City & State

Carson City, NV

City & State

Carson City, NV

4. FEI Number

65-0450592

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

National Registered Agents, Inc.

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

326 E. Park Avenue

City

Tallahassee

FL

Zip Code

32301

**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. ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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

Pres, Tres, Director
Roland Hennessey
1000 East William St., Suite 204
Carson City, NV 89701

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Secretary
Dali Islam
1000 East William St., Suite 204
Carson City, NV 89701

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Assistant Secretary
Susan Clark
1000 East William St., Suite 204
Carson City, NV 89701

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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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

Susan Clark
Asst Secretary

4-21-03

Date:

203-359-0722

Daytime Phone #

CR2E034B (12/01)