

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000005196**

1. Entity Name

BRIGGETT MANOR ACLF, INC.**FILED****May 02, 2001 8:00 am**
Secretary of State

05-02-2001 90002 002 ***150.00

Principal Place of Business

**18289 BRIGGETT AVE
PT CHARLOTTE FL 33948**

Mailing Address

**18289 BRIGGETT AVE
PT CHARLOTTE FL 33948**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0548384**

Applied For

Not Applicable

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****RENE TIANGSON
18289 BRIGGETT AVE
PORT CHARLOTTE FL 33948**

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 \$150.00****After MAY 1, 2001 Fee will be \$550.00****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 **D** ☐ Delete
NAME **TIANGSON, RENE**
STREET ADDRESS **18289 BRIGGETT AVE**
CITY-ST-ZIP **PT CHARLOTTE FL 33948**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Briggett Inc.
RENE TIANGSON



18289 Briggett Avenue ♦ Port Charlotte, FL 33948

Attachment
P95000005196
755966

April 26, 2001

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

SUBJECT: NAME CHANGE

To whom it may concern:

I am filing an amendment to change the name. The name has been changed from Briggett Manor ACLF, Inc. to Briggett Inc.

Sincerely,

Rene Tiangson