

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000070670

1. Entity Name  
BRIAC, INC.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**  
03-20-2000 90004 017 \*\*\*150.00

Principal Place of Business

2305 60TH AVE DR.  
BRADENTON FL 34205

Mailing Address

P O BOX 1053  
HOLMES BCH FL 34218-1053

522284

2. Principal Place of Business

3801 E. BAY DR.

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HOLMES BEACH, FL

City & State

4. FEI Number

65-0608875

Applied For

Not Applicable

Zip

Country

Zip

Country

34217

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

FICHEROULLE, PIERRE

2305 60TH AVE DR. 3801 E. BAY DR.

BRADENTON FL 34205 HOLMES BEACH, FL 34217

Name

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

3801 E. BAY DR.

City

HOLMES BEACH

FL

Zip Code

34217

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

*P. Ficheroulle* Ficheroulle, P.A.

3/15/00

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, 2000 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	PT	<input type="checkbox"/> Delete
NAME	FICHEROULLE, PIERRE	
STREET ADDRESS	1001 3RD 3801 E. BAY DR.	
CITY-ST-ZIP	BRADENTON FL HOLMES BEACH, FL 34217	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*P. Ficheroulle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00

Date

941-779-9438

Daytime Phone #

CR2E034 (9/99)