## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000076854

بزز SIGNATURE

Principal Place of Business

I. Entity Na	ame									
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RICHARD A. BRIMER, INC.

Mailing Address

2601 WOODWIND HILLS LANE LAKELAND FL 33813

2601 WOODWIND HILLS LANE LAKELAND FL 33813

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc.

Suite, Apt. #, etc.

**FILED** Aug 21, 2000 8:00 am Secretary of State

08-21-2000 90209 013 \*\*\*550.00

AU073477



DATE

DO NOT WRITE IN THIS SPACE

City & State  Zip Country		City & State			4. FEI Number 59-3344388	Applied For			
		Zip Cou		у	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				
BRIMER, RICHARD A				Name Street Address (P.O.*Box Number is Not Acceptable)					
LAKEL	AND FL 33813		} -	City	F	Zip Code			

(NOTE: Registered Agent signature required when reinstating)

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.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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

FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DPS ☐ Delete ☐ Change TITLE TITLE BRIMER, RICHARD A NAME NAME 2601 WOODWIND HILLS LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33813 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP

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 of thustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: