

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000002848

1. Entity Name

BRIAN MIKKELSON, INC.

Principal Place of Business

Mailing Address

5563 PILLAR AVE.
SPRINGHILL FL 34608
US

5563 PILLAR AVENUE
SPRINGHILL FL 34608
US

2. Principal Place of Business

14276 MISSOURI SKYLARK RD.
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 5569
Suite, Apt. #, etc.

City & State

BROOKSVILLE FL

City & State

Springhill FL

Zip
34614

Country
U.S.

Zip
34611

Country
US

4. FEI Number

65-0640885

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIKKELSON, BRIAN
5563 PILLAR AVENUE
SPRINGHILL FL 34608

7. Name and Address of New Registered Agent

Name BRIAN MIKKELSON
Street Address (P.O. Box Number is Not Acceptable)
14276 MISSOURI SKYLARK RD.
BROOKSVILLE FL 34614
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

TITLE P
NAME MIKKELSON, BRIAN
STREET ADDRESS 5563 PILLAR AVE.
CITY-ST-ZIP SPRINGHILL FL ☐ Delete

TITLE VP
NAME WEAVER, GUS
STREET ADDRESS 3293 SEAGRAPE DR.
CITY-ST-ZIP HERNANDO BEACH FL ☐ Delete

TITLE
NAME SHIVER, WILLIAM
STREET ADDRESS 5259 CALIFORNIA ST
CITY-ST-ZIP BROOKSVILLE FL 34609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME MIKKELSON BRIAN
STREET ADDRESS 14276 MISSOURI SKYLARK RD.
CITY-ST-ZIP BROOKSVILLE FL 34614 ☐ Change ☐ Addition

TITLE VP
NAME WEAVER Gus
STREET ADDRESS 10325 FLORIDA WREN
CITY-ST-ZIP BROOKSVILLE FL 34614 ☐ Change ☐ Addition

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

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

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

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

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:

Brian Mikkelsen BRIAN MIKKELSON

1-8-01

Date

Daytime Phone #

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90056 031 ***150.00

00003470



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)