

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91571 033 ***150.00

05/01/2002 08:00 AM

DOCUMENT # P96000051137

1. Entity Name
BRILL ENTERPRISES, INC.

Principal Place of Business
12319 BIRCH STREET
WEEKI WACHEE FL 34613

Mailing Address
PO-BOX-5748
SPRING HILL FL 34611
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3004 Spring Oak Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Palm Harbor, FL

4. FEI Number

59-3385053

Applied For

Not Applicable

Zip

Country

Zip

Country

34684

US

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

BRILL, HARRY G
12319 BIRCH ST
WEEKI WACHEE FL 34613

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, 2002 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** Delete
 NAME **BRILL, HARRY**
 STREET ADDRESS **12319 BIRCH ST**
 CITY-ST-ZIP **WEEKI WACHEE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPS** Delete
 NAME **BRILL, JO RENEE**
 STREET ADDRESS **12319 BIRCH ST**
 CITY-ST-ZIP **WEEKI WACHEE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/02

Date

727-808-2136

Daytime Phone #

CR2E034 (9/01)