

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020493

1. Entity Name
T & N BRICKS INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 29 AM 8:01

Principal Place of Business

2430 58TH STREET S.
TAMPA FL 33619

Mailing Address

2430 58TH STREET S.
TAMPA FL 33619

SAME

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3435073

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

SMIRCIC, NANCY

2430 58TH STREET S.

TAMPA FL 33619

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. I am familiar with and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SMIRCIC, THOMAS ANTHONY
2430 58TH STREET S.
TAMPA FL 33619

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200008838172
11/06/02--01126--005 **750.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
SMIRCIC, NANCY E
2430 58TH ST. S.
TAMPA FL 33619

TITLE
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☐ 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:

NANCY SMIRCIC
NANCY SMIRCIC

11/10/02 813.655.6600

CR2E034 (4/02)