

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056974

1. Entity Name

BRINKMAN SURVEYING & MAPPING, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90087 050 ***150.00

Principal Place of Business

11108 MARTIN LUTHER KING HWY
GAINESVILLE FL 32653

Mailing Address

11518 N.W 61ST TERRACE
ALACHUA FL 32615

2. Principal Place of Business

3. Mailing Address

RT. 5, BOX 5360

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE BUTLER FL

4. FE. Number: 59-3518572

Applied For

Not Applicable

Zip

Country

32054

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRINKMAN, ANDREA
11518 N.W 61ST TERRACE
ALACHUA FL 32615

7. Name and Address of New Registered Agent

Name: ANDREA BRINKMAN

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

RT. 5, BOX 5360

City: LAKE BUTLER

Zip Code: 32054

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 not signing)

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	DVP	☐ Delete
NAME	BRINKMAN, JAMES E P.S.M.	
STREET ADDRESS	11518 N.W 61ST TERRACE	
CITY-STATE-ZIP	ALACHUA FL 32615	
TITLE	DP	☐ Delete
NAME	BRINKMAN, ANDREA J	
STREET ADDRESS	11518 N.W 61ST TERRACE	
CITY-STATE-ZIP	ALACHUA FL 32615	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SAME	☒ Change ☐ Addition
NAME		
STREET ADDRESS	RT. 5, BOX 5360	
CITY-STATE-ZIP	LAKE BUTLER, FL 32054	
TITLE	SAME	☒ Change ☐ Addition
NAME		
STREET ADDRESS	RT. 5, BOX 5360	
CITY-STATE-ZIP	LAKE BUTLER, FL 32054	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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: ANDREA BRINKMAN, Andrea Brinkman 4-19-2001 386-496-8011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/00)