

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90114 021 ***150.00

DOCUMENT # P98000056974

1. Entity Name

BRINKMAN SURVEYING & MAPPING, INC.

Principal Place of Business

11108 MARTIN LUTHER KING HWY
GAINESVILLE FL 32653

Mailing Address

RT. 5, BOX 5360
LAKE BUTLER FL 32054

2. Principal Place of Business

11108 N.W. US Hwy 441
Suite, Apt. #, etc.

3. Mailing Address

Post Office Box 1300
Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Alachua, FL

Zip

32653

Country

U.S.

Zip

32616-1300

Country

U.S.

4. FEI Number

59-3518572

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRINKMAN, ANDREA

RT. 5, BOX 5360

LAKE BUTLER FL 32054

7. Name and Address of New Registered Agent

Name

James E. Brinkman

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

11108 N.W. US Hwy 441

City

Gainesville,

FL

Zip Code

32653

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

TITLE	DVP	<input type="checkbox"/> Delete
NAME	BRINKMAN, JAMES E P.S.M.	
STREET ADDRESS	RT. 5, BOX 5360	
CITY-ST-ZIP	LAKE BUTLER FL 32054	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BRINKMAN, ANDREA J	
STREET ADDRESS	RT. 5, BOX 5360	
CITY-ST-ZIP	LAKE BUTLER FL 32054	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRINKMAN, JAMES E.	
STREET ADDRESS	POST OFFICE BOX 1300	
CITY-ST-ZIP	ALACHUA, FL 32616-1300	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)