

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075806

1. Entity Name
BREAKDOWN, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 SEP 17 PM 2:33

Principal Place of Business
2460-B TALCO HILLS DR.
TALLAHASSEE FL 32303

Mailing Address
2460-B TALCO HILLS DR.
TALLAHASSEE FL 32303

2. Principal Place of Business
700 West Virginia St
Suite, Apt. #, etc.
123

3. Mailing Address
PO Box 20073
Suite, Apt. #, etc.

City & State
Tallahassee, FL

City & State
Tallahassee

Zip
32304

Zip
32316

Country

4. FEI Number NOT APPLICABLE

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

BOATRIGHT, AL
2460-B TALCO HILLS DR
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

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

700 West Virginia St #123
City Tallahassee

FL Zip Code 32304

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]*
Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/16/02

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

TITLE CEO
NAME GILLION, BRIONNE
STREET ADDRESS 2460-B TALCO HILL DR
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE CFO
NAME BOATRIGHT, AL
STREET ADDRESS 2460-B TALCO HILLS DR
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE P
NAME GILLION, KENNETH
STREET ADDRESS 2460-B TALCO HILLS DR
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ 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
NAME
STREET ADDRESS
CITY-ST-ZIP
400008018174-2
-09/25/02--01058--003
****150.00 ****150.00 ☐ 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

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brionne Gillion

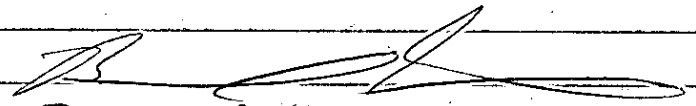
9-16-02 850-222-0734

CR2E034 (4/02)

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To: Whom it May Concern

As an officer of Breakdown Inc, I
Attest to the fact that our company failed
to receive the original notice informing us
that our Uniform Business Report was
due. It was sent to the wrong
address in error. I have included
our new address. I am requesting
that the late fee be waived.


Bridgette G. Hiller, CEO