

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017690

1. Entity Name

BRILL'S PLUMBING INC.

Principal Place of Business

7998 MAHAN DRIVE  
TALLAHASSEE FL 32308

Mailing Address

7998 MAHAN DRIVE  
TALLAHASSEE FL 32308

2. Principal Place of Business

7998 Mahan Dr.  
Suite, Apt. #, etc.

3. Mailing Address

7998 Mahan Dr.  
Suite, Apt. #, etc.

City & State

Tallahassee Fla.

City & State

Tallahassee Fla.

Zip

32308

Country

leon

Zip

32308

Country

leon

4. FEI Number

59-2404361

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRILL, JARIN  
7998 MAHAN DRIVE  
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

Jarin Brill

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

7998 Mahan Dr.

Tallahassee

Fla.

32308

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 Jarin Brill President Jarin Brill

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-2-2001

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	P	<input type="checkbox"/> Delete
NAME	BRILL, JARIN	
STREET ADDRESS	7948 MAHAN DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

Jarin Brill Jarin Brill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2-2000

Date

850-878-1239

Daytime Phone #

CR2E034 (10/00)

0027259

FILED  
Feb 19, 2001 8:00 am  
Secretary of State

02-19-2001 90261 010 \*\*\*150.00



DO NOT WRITE IN THIS SPACE