2000 UNIFORM BUSINESS REPORT (UBR)

May 15, 2000 8:00 am DOCUMENT # P99000041646 1. Entity Name Secretary of State M.G. BRIM, INC. 03-06-2000 90063 023 ***150.00 Principal Place of Business Mailing Address 2400 SPRINGDALE BLVD SPRINGDALE BLVD PALM SPRINGS FL 33461-6387 FALSE SPRINGS FL 33461 2. Principal Place of Business 3. Mailing Address 228 DAVIS ROAD 228 DAVIS ROAD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State ロイドンとっち Not Applicable コムノフ DALM SPRINGS \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 11.5.A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRIMBLE, GARY Street Address (P.O. Box Number is Not Acceptable) 2400 SPRINGDALE BLVD PALM SPRINGS FL 33461 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) ed agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible _10. Election Campaign Financing \$5.00 May Be Atter MAY 1, 2000 Fee will be \$550.00 Jax filling requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) TREASURER Change Addition PRESIDENT Oelete TITLE TITLE MARIA BRITABLE GARY BRITIBLE NAME NAME RAB DAVIS ROAD STREET ADDRESS 228 DAUSS ROAD STREET ADDRESS 33441 CITY-ST-ZIP PAIN SPAINES 33441 ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete BITH & NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHYESTEZIE ☐ Change Addition TITLE ☐ Delete TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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. GARY BALMOIE 2 MAROO SIGNATURE: _<