

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90106 042 ***150.00

DOCUMENT # P99000054161

1. Entity Name
BRINKLEY ARCHITECTURE, INC.

Principal Place of Business Mailing Address
~~3 W. GARDEN ST., STE. 351~~ **1600 N. SPRING ST.** ~~3 W. GARDEN ST., STE. 351~~ **1600 N. SPRING ST.**
 PENSACOLA FL 32501 PENSACOLA FL 32501

000010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1600 N. SPRING ST **1600 N. SPRING ST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number **59-3587294** Applied For
PENSACOLA, FL **PENSACOLA, FL** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired **\$8.75** Additional
32501 **ESCAMBIA** **32501** **ESCAMBIA** Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRINKLEY, DOYLE W. L.
~~3 W. GARDEN ST., STE. 351~~ **1600 N. SPRING**
PENSACOLA FL 32501

Name **Doyle W.L. Brinkley**
 Street Address (P.O. Box Number is Not Acceptable)
1600 N. SPRING ST
 City **PENSACOLA, FL** Zip Code **32501**

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 DATE **9 Jan 2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRINKLEY, DOYLE W.L. 1600 N. SPRING ST. PENSACOLA FL 32501	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRINKLEY, FRED I 1600 WEST SPRING STREET PENSACOLA FL 32501	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: DATE **9 Jan 2001** (850) **436-4789**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)