

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

2. Principal Place of Business

3. Mailing Address

1600 N. SPRING ST

1600 N. SPRING ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

Zip

32501

Country

ESCAMBIA

Zip

32501

Country

ESCAMBIA

4. FEI Number

59-3587294

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9 Jan 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

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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRINKLEY, FRED I 1600 WEST SPRING STREET PENSACOLA FL 32501	<input type="checkbox"/> Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9 Jan 2001 (P50) 436-4789

CR2E034 (10/00)