


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90284 038 ***150.00

DOCUMENT # S 20395	
1. Entity Name Brinkley Electric, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 483 N.W. Ogden Loop Suite, Apt. #, etc.	3. Mailing Address P.O. Box 1675 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State LAKE CITY FL	City & State LAKE CITY FL 32056	4. FEI Number 59-3051524	Applied For <input type="checkbox"/> Not Applicable
Zip 32055	Country USA	Zip 32056	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name William B Brinkley	
Street Address (P.O. Box Number is Not Acceptable) 483 NW. Ogden Loop	
City, LAKE CITY	FL Zip Code 32055

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P. William Brady Brinkley P.O. Box 1675 LAKE CITY FL 32056	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4-24-05 386 867 4883**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034B (12/02)