

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90201 020 ***150.00

001729 AV

DOCUMENT # 215293

1. Entity Name
VANBROWN INC

Principal Place of Business W.A. VANNORTWICK 710 LOMAX ST JACKSONVILLE FL 32204-4098	Mailing Address W.A. VANNORTWICK 710 LOMAX ST JACKSONVILLE FL 32204-4098
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-6082147		Applied For	
Suite, Apt. #, etc. 710 LOMAX ST		Suite, Apt. #, etc. 710 LOMAX ST		Not Applicable			
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 32204-4098	Country DUVAL	Zip 32204-4098	Country DUVAL				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WHITTAKER, JOHN R M.D. 710 LOMAX STREET JACKSONVILLE FL 32204				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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41. OFFICERS AND DIRECTORS				42. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEWIS, RICHARD H.			NAME			
STREET ADDRESS	710 LOMAX STREET			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITTAKER, JOHN R			NAME			
STREET ADDRESS	710 LOMAX STREET			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32204			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DALTON, DAVID L			NAME			
STREET ADDRESS	710 LOMAX STREET			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32204			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRUM, PAUL M.			NAME			
STREET ADDRESS	710 LOMAX STREET			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BALDOCK, JAMES A.			NAME			
STREET ADDRESS	710 LOMAX STREET			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 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: *John R Whittaker*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)