## 2000 UNIFORM BUSINESS REPORT (UBR) Mar 23, 2000 8:00 am DOCUMENT # **F63086** 1. Entity Name **Secretary of State** BROWNING'S CONSTRUCTION, INC. 03-23-2000 90001 006 \*\*\*158.75 Mailing Address Principal Place of Business ROUTE 4. BOX 435 ROUTE 4. BOX 435 STARKE FL 32091 STARKE FL 32091-9414 UUU41VJJ 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2139753 Not Applicable \$8.75 Additional Zip Country Zip i Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ---Name JAMES V WALKER Street Address (P.O. Box Number is Not Acceptable) 217 PONTE VEDRA PARK DRIVE **BLDG. 100, SUITE 200** PONTE VEDRA BEACH FL 32082 City Zip Code FŁ 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition ☐ Delete TITLE BROWNING, GEORGE F NAME **ROUTE 4, BOX 435** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STARKE FL CITY-ST-7IP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE

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

CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS

Delete

STREET ADDRESS CITY-ST-7IP

SIGNATURE:

NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS

200,40 F BRUNNING PST 3-17-00 904964-6054

☐ Change

☐ Addition