

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90007 021 ***150.00

DOCUMENT # J01855

1. Entity Name

JAMES M. BROWN INSURANCE AGENCY, INC.

Principal Place of Business

**10371 ROYAL PALM BLVD
 CORAL SPRINGS FL 33065**

Mailing Address

**10371 ROYAL PALM BLVD
 CORAL SPRINGS FL 33065**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2686273

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

**GILLESPIE, R. BOWEN
 1515 S. FEDERAL HIGHWAY
 SUITE 300
 BOCA RATON FL 33432**

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

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

(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.
 (See criteria on back) ☐

**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. ☐

**\$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-STATE-ZIP
**DP BROWN, JAMES M.
 1875 EALGE TR BLVD E
 CORAL SPRINGS FL** ☐ Delete

TITLE, NAME, STREET ADDRESS, CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE, NAME, STREET ADDRESS, CITY-STATE-ZIP
**D BROWN, LINDA H.
 1875 EAGLE TR BLVD E
 CORAL SPRINGS FL** ☐ Delete

TITLE, NAME, STREET ADDRESS, CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE, NAME, STREET ADDRESS, CITY-STATE-ZIP ☐ Delete

TITLE, NAME, STREET ADDRESS, CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE, NAME, STREET ADDRESS, CITY-STATE-ZIP ☐ Delete

TITLE, NAME, STREET ADDRESS, CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE, NAME, STREET ADDRESS, CITY-STATE-ZIP ☐ Delete

TITLE, NAME, STREET ADDRESS, CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE, NAME, STREET ADDRESS, CITY-STATE-ZIP ☐ Delete

TITLE, NAME, STREET ADDRESS, CITY-STATE-ZIP ☐ Change ☐ 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:

James M. Brown
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/02

954 753 0005

CR2E034 (9/01)