

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90016 044 ***150.00

DOCUMENT # K85647

1. Entity Name

BILL R. BROWN & ASSOCIATES INC.

Principal Place of Business

38351 HWY. 54 EAST
 ZEPHYRHILLS FL 33540

Mailing Address

38351 HWY. 54 EAST
 ZEPHYRHILLS FL 33540

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2955034**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BROWN, BILL R
38351 S.R. 54 EAST
ZEPHYRHILLS FL 33540

7. Name and Address of New Registered Agent

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BROWN, BILL R	
STREET ADDRESS	38351 SR 54 E	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BROWN, ANNE C	
STREET ADDRESS	38351 SR 54 E	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	CARNICELLI, JAMES A.	
STREET ADDRESS	2225 E. EDGEWOOD DR., ST. #5	
CITY-ST-ZIP	LAKELAND FL	
TITLE	ROBERT STEINLE	<input type="checkbox"/> Delete
NAME	ROBERT STEINLE	
STREET ADDRESS	6805 CRESTHILL CT.	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Robert STEINLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert STEINLE	
STREET ADDRESS	6805 CRESTHILL CT.	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bill R Brown, PLS P. 1-8-01 813-788-6822

Date

Daytime Phone #

CR2ED34 (10/00)