#1020 AV

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 24, 2002 8:00 am P00000086989 DOCUMENT # Secretary of State 1. Entity Name 02-24-2002 90022 014 ***150.00 BROWN INVESTMENTS OF TAMPA BAY, INC. Principal Place of Business Mailing Address PO BOX 41428 4555 38TH ST. NORTH ST. PETERSBURG FL 33714 ST. PETERSBURG FL 33743 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FE! Number City & State City & State Applied For 59-3669652 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROWN, JERRY S Street Address (P.O. Box Number is Not Acceptable) 4555 38TH ST. NORTH ST. PETERSBURG FL 33714 Zip Code City 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) Signature, typed or printed name of registered agent and title if applicable 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, 2002 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. TITLE ☐ Delete TITLE NAME BROWN, JERRY S NAME STREET ADDRESS STREET ADDRESS 4555 38TH ST. NORTH ST. PETERSBURG FL 33714 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME Brown, Sandra L STREET ADORESS STREET ADDRESS 4555 38TH ST. NORTH CITY-ST-ZIP CITY-ST-7IP ST. PETERSBURG FL 33714 ☐ Delete ☐ Addition TITLE TITLE ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 attachinent with an address, with all prince like empowered.

Dayt:me Phone #