

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90143 016 \*\*\*150.00

**DOCUMENT # P93000002368**

1. Entity Name  
**BROWNING SALES COMPANY, INC.**

Principal Place of Business <b>HARVEY GREENE DR          MADISON FL 32340          US</b>	Mailing Address <b>P.O. BOX 688          MADISON FL 32341-0688          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>HARVEY GREENE DR -</b> Suite, Apt. # etc.	3. Mailing Address <b>PO BOX 1038</b> Suite, Apt. #, etc.
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City & State <b>MADISON FL</b>	City & State <b>MADISON FL</b>	4. FEI Number <b>59-3161879</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32340</b>	Country <b>MADISON</b>	Zip <b>32341</b>	Country <b>MADISON</b>

6. Name and Address of Current Registered Agent <b>BROWNING, MICHAEL G          HARVEY GREENE DR          MADISON FL 32340</b>	7. Name and Address of New Registered Agent Name <b>GENE R. BROWNING</b> Street Address (P.O. Box Number is Not Acceptable) <b>RT 3 MADISON</b> City <b>MADISON FL</b> Zip Code <b>32340</b>
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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 *Gene R Browning* **GENE R. BROWNING** DATE **4/27/2000**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete <b>BROWNING, MICHAEL G HARVEY GREENE DR MADISON FL</b>	TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>GENE R BROWNING RT 3 MADISON FL 32340</b>
TITLE <b>VST</b>	<input type="checkbox"/> Delete <b>BROWNING, MARK FRALEIGH DR MADISON FL</b>	TITLE <b>S.T. MARY KAY BROWNING</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MARY KAY BROWNING RT 3 MADISON FL 32340</b>
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Gene R Browning* **GENE R BROWNING** DATE **4/27/2000** DAYTIME PHONE # **850 929-4631**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)