2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P97000022976 **DOCUMENT #**

1. Entity Name

JAMES BROWN BUILDERS, INC.



FILED May 01, 2003 8:00 am Secretary of State

05-01-2003 90831 026 ***150.00

					GOO WE THE						
Principal Place of Business 111 SUN LANE PANAMA CITY BEACH FL 32413		Mailing Address P.O. BOX 6855 DESTIN FL 32550 US					1 46 111 58 15	. 14848 11848 4	BILL 18818 SHL 1881		
			US								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc. City & State			☐ CHECK HERE IF MAKING CHANGES					
City & State						4. FEI Number 59-3435078				Applied For	l
									Not Applicable		
Zip	Zip Country		Zip Cour		ntry	5. Certificate of Status De			\$8.75 Fee Req	Additional uired	
	6. Name	and Address of Current	t Registered Agent			7. N	ame and Address of New Re	egistered	Agent		
	• -	ent of the second			Name		in the second second	·=		Ţ	1
BROWN, JAMES J				Street Address	ress (P.O. Box Number is Not Acceptable)						
111 SUN LANE						`					į
PANAMA	CITY BEAC	H FL 32413									
					City			FL	Zip C	Code	
8. The above	named entity	v submits this statement f	or the purpose of changing	a its reaister	Led office or registe	ered age	ent, or both, in the State of Flor		_	ith, and accept	
	tions of regist			9							
SIGNATURE .											
SIGNATURE .	Signature, typed	or printed name of registered agen	t and title if applicable. ((NOTE: Register	ed Agent signature requir	ed when rei	nstating)	DATE			
•											1
F After	r May 1, 200	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o	of State				Election Campaign Fina Trust Fund Contribution	~ .		5.00 May Be ded to Fees	
F After	r May 1, 200 k Payable to	3 Fee will be \$550.00	of State	11.		ADI		ı. [Äd	ded to Fees	
F After Make Check	r May 1, 200 k Payable to D	03 Fee will be \$550.00 o Florida Department o OFFICERS AND	of State	TITL	E	ADI	Trust Fund Contribution	ı. [Äd	ded to Fees ORS IN 11	(60)
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12. I hereby certify that the information supplied with this fifing 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Delete

<u>850-654-9222</u>

Change

Change

Addition

☐ Addition