

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90126 039 ***150.00

DOCUMENT # P99000023608



1. Entity Name
RUPERT H. BROWN INSURANCE AGENCY, INC.

Principal Place of Business
**4176 NORTH STATE ROAD 7
LAUDERDALE FL 33319**

Mailing Address
**4176 NORTH STATE ROAD 7
LAUDERDALE FL 33319**

00061011



2. Principal Place of Business

2874 North State Rd 7

3. Mailing Address

2874 North State Rd 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

Lauderdale Lakes, FL

City & State

Lauderdale Lakes FL

4. FEI Number

65-0909869

Applied For

Not Applicable

Zip

33313

Country

Broward

Zip

33313

Country

Broward

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BROWN, RUPERT H
4176 N. STATE ROAD 7
LAUDERDALE LAKES FL 33319**

7. Name and Address of New Registered Agent

Name **Rupert Brown**
Street Address (P.O. Box Number is Not Acceptable)

2874 N. State Rd 7

City **Lauderdale Lakes FL** Zip Code **33313**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Rupert H Brown**

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

(NOTE: Registered Agent signature required when reinstating)

4-21-03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BROWN, RUPERT H	4176 N. STATE RD 7	LAUDERDALE LAKES FL 33319	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		2874 N. State Rd 7	Lauderdale Lakes FL 33319	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-03

CR2E034 (10/02)