

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 194479**

1. Entity Name

BROWNE MCCOY & CALLAWAY, INC.**FILED****Apr 18, 2001 8:00 am**
Secretary of State

04-18-2001 90029 036 ***150.00

Principal Place of Business

Mailing Address

**747 HARRISON AVE
PANAMA CITY FL 32401
US****747 HARRISON AVE.
PANAMA CITY FL 32401
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0781877**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TINCH, H. LEE
747 HARRISON AVE
PANAMA CITY FL 32401**

Name

TINCH, H. LEE SR

Street Address (P.O. Box Number is Not Acceptable)

747 HARRISON AVENUE

City

PANAMA CITY**FL**Zip Code
32401

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

H. LEE TINCH, SR

P

4/13/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ST** ☐ Delete
NAME **TINCH, SARAH M**
STREET ADDRESS **718 BRANDEIS AVE**
CITY-ST-ZIP **PANAMA CITY FL 32405**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **P** ☐ Delete
NAME **TINCH, H. LEE JR.**
STREET ADDRESS **238 OLD POND RD**
CITY-ST-ZIP **LAGRANGE GA 30241**TITLE **D** ☒ Change ☐ Addition
NAME **TINCH, H. LEE JR**
STREET ADDRESS **238 OLD POND RD**
CITY-ST-ZIP **LAGRANGE GA 30241**TITLE **P** ☐ Delete
NAME **TINCH, H. LEE SR.**
STREET ADDRESS **718 BRANDIES AVE.**
CITY-ST-ZIP **PANAMA CITY FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Change ☒ Addition
NAME **SPARKS, MAYBELLINE**
STREET ADDRESS **8817 N LAGOON DR**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32408**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 empowers.

SIGNATURE:**H. LEE TINCH, SR.****4/13/01****850-769-2624**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)