

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 281159

1. Entity Name

BROWER-COLLMAN INC

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90021 002 ***150.00

Principal Place of Business

Mailing Address

2111 DREW STREET
CLEARWATER FL 33765-3215

2111 DREW STREET
CLEARWATER FL 33765-3215

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1051749

Applied For

Not Applicable

Zip

Country

Zip

Country

5. 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

FOX, ROLAND

~~2380 DREW STREET~~ 28050 U.S. Highway 19 N.
~~CLEARWATER FL 34617~~ Suite 100
Clearwater, FL 33761

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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 P ☐ Delete
NAME BROWER, LOUIS
STREET ADDRESS 644 ISLAND WAY APT. 404
CITY-ST-ZIP CLEARWATER, FL 0

TITLE V ☐ Delete
NAME LOVITZ, JULIUS
STREET ADDRESS 1636 LONG BOW LANE
CITY-ST-ZIP CLEARWATER, FL 0

TITLE ST ☐ Delete
NAME COLLMAN, LEONARD
STREET ADDRESS 750 ISLAND WAY, APT. 303
CITY-ST-ZIP CLEARWATER, FL 0

TITLE D ☐ Delete
NAME BROWER, EVAN
STREET ADDRESS 644 ISLAND WAY APT. 404
CITY-ST-ZIP CLEARWATER, FL 0

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 empowered.

SIGNATURE:

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

Loeius Brower
Date

Daytime Phone #

CR2E034 (9/99)