

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-09-2003 90102 011 ***150.00

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

DOCUMENT # 407372

1. Entity Name
BROWN AUTO ELECTRIC, INC



Principal Place of Business
1275 STARKEY ROAD
LARGO FL 33771

Mailing Address
1275 STARKEY ROAD
LARGO FL 33771



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 59-1411048

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, THOMAS M.
700 CENTRAL AVENUE
ST. PETERSBURG FL 33731

7. Name and Address of New Registered Agent

Name: Samaha, Charles M.
Street Address (P.O. Box Number is Not Acceptable)
259 4th Ave. North
City: St. Petersburg, FL Zip Code: 33701

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

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

(NOTE: Registered Agent signature required when reinstating)

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 VP
NAME LEVINSTEIN, STEVE ☐ Delete
STREET ADDRESS 9276 -11TH ST
CITY-ST-ZIP SEMINOLE FL 33772

TITLE S ☐ Delete
NAME FRANKLIN, HARRIS
STREET ADDRESS 1219 45TH AVE. NORTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE T ☐ Delete
NAME HARRIS, LINDA
STREET ADDRESS 7999 2ND AVE S
CITY-ST-ZIP ST PETERSBURG FL

TITLE P ☐ Delete
NAME HARRIS, GARY
STREET ADDRESS 7999 2ND AVE S
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY HARRIS (Gary Harris) 4-8-03 531-4667

Date

Daytime Phone #

CR2E034 (10/02)