FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2002 8:00 am DOCUMENT # 445080 Secretary of State 1. Entity Name FRANK W. BROWN AND ASSOCIATES. INC. 03-06-2002 90124 038 ***150.00 Principal Place of Business Mailing Address 1834 PARK AVENUE P O BOX 215 ORANGE PK FL 32073 ORANGE PK FL 32067-0215 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1506995 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROWN (FRANK W.), JR. Street Address (P.O. Box Number is Not Acceptable) 1834 PARK AVE ORANGE PARK FL 32073 City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filirig requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE Addition BROWN, FRANK W JR NAME NAME STREET ADDRESS 1834 PARK AVE STREET ADDRESS **ORANGE PK FL 32073** CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE BROWN, OLLAVAN S. NAME NAME STREET ADDRESS 1834 PARK AVE STREET ADDRESS CITY-ST-ZIP **ORANGE PARK FL 32073** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE **BROWN, DOUGLAS** NAME NAME STREET ADDRESS 1848 PARK AVE STREET ADDRESS **ORANGE PARK FL 32073** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

Frank W. Brown, Jr.

904/264-9504

CR2E034 (9/01)