

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 467061

1. Entity Name

V. B. BROWN, DISTRIBUTOR, INC.

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90042 019 ***150.00

Principal Place of Business

501 EAST HOWARD STREET
P.O. BOX 277
LIVE OAK FL 32064

Mailing Address

P.O. BOX 277
LIVE OAK FL 32060
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip 32060 Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip 32064 Country

4. FEI Number 59-1564473

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, V. B.
1232 IRVIN AVE
LIVE OAK FL 32060

7. Name and Address of New Registered Agent

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, 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

TITLE D
NAME BROWN, MICHAEL B
STREET ADDRESS 1712 WILSHIRE CT
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

TITLE PD
NAME BROWN, V B
STREET ADDRESS 1232 IRVIN AVENUE
CITY-ST-ZIP LIVE OAK FL ☐ Delete

TITLE VSD
NAME BROWN, LOUIS DAY
STREET ADDRESS 1232 IRVIN AVENUE
CITY-ST-ZIP LIVE OAK FL ☐ Delete

TITLE T
NAME BROWN, V B
STREET ADDRESS 1232 IRVIN AVENUE
CITY-ST-ZIP LIVE OAK FL ☐ Delete

TITLE D
NAME BROWN, GREGORY H
STREET ADDRESS 717 DARROW ST.
CITY-ST-ZIP LIVE OAK FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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:

V.B. Brown V.B. BROWN

Date

Daytime Phone #

4-10-01 386-362-2108

CR2E034 (10/00)