

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90857 013 ***150.00

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1. Entity Name

ALBERT R. BROWN, D.P.M., P.A.



Principal Place of Business
4879 COCONUT CREEK PKWY
COCONUT CREEK FL 33066
US

Mailing Address
5714 GUAVA DR
TAMARAC FL 33319
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 **59-1675189**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BROWN, ALBERT R.
4879 COCOUNT CREEK PKWY
COCOUNT CREEK FL 33066

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |
|-------|-------------------|----------------|------------------|-------|------|----------------|-----------------|
| | PD | | | | | | |
| | BROWN, ALBERT R. | 5714 GUAVA DR | TAMARAC FL 33319 | | | | |
| | VT | | | | | | |
| | BROWN, ESTHER | 5714 GUAVA DR | TAMARAC FL 33319 | | | | |
| | S | | | | | | |
| | BROWN, STEVEN DR. | 5714 GUAVA DR | TAMARAC FL 33319 | | | | |
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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:

Albert R. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERT R. BROWN

Date

Daytime Phone #

1/16/03 (954) 971-5850

CR2E034 (10/02)