

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 579694

1. Entity Name
RON BROWN PAINT & BODY SHOP, INC.



Principal Place of Business
1234 CLEARLAKE ROAD
COCOA FL 32922

Mailing Address
1234 CLEARLAKE ROAD
COCOA FL 32922

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

04 FEB -2 PM 3: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

☐ CHECK HERE IF MAKING CHANGES

03-04

4. FEI Number 59-2099447

Applied For
Not Applicable

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

BROWN, RONNIE L.
4530 LEE ST
COCOA FL 32926

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

Ronnie L Brown Sr / Pres / D

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-04

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 PD ☐ Delete
NAME BROWN, RONNIE L.
STREET ADDRESS 4530 LEE STREET
CITY-ST-ZIP COCOA FL

TITLE ☐ Change ☐ Addition
NAME 400026171124
STREET ADDRESS 01/06/04--01062--016 **700.00
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME BROWN, ELEANOR R.
STREET ADDRESS 4530 LEE STREET
CITY-ST-ZIP COCOA FL

TITLE ☐ Change ☐ Addition
NAME 400026171124
STREET ADDRESS 02/09/04--01056--003 **200.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

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

Date

Daytime Phone #

12-30-03 321-632-5453

CR2E034 (10/02)