

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

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90082 031 \*\*\*150.00

DOCUMENT # 644224

1. Entity Name

S. E. B. PROPERTIES INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4673 S.W. HAMMOCK CREEK DR

3. Mailing Address

4673 S.W. HAMMOCK CREEK DR

Suite, Apt. #, etc.

PALM CITY FL

Suite, Apt. #, etc.

PALM CITY FL

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0058404

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip

34990

Country

US

Zip

34990

Country

US

7. Name and Address of Current Registered Agent

Name

STUART M BROWN

Street Address (P.O. Box Number is Not Acceptable)

4673 S.W. HAMMOCK CREEK DR.

City

PALM CITY

FL

Zip Code

34990

**DO NOT WRITE  
IN THIS SPACE**

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 STUART M BROWN PRES.

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

(NOTE: Registered Agent signature required when reinstating)

4/14/02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT  
STUART M BROWN  
4673 S.W. HAMMOCK CREEK DR  
PALM CITY FL 34990

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Stuart M Brown (Pres)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STUART M BROWN

4/14/02

Date

561 286 5046

Daytime Phone #

CR2E034B (12/01)

Attachment # 644224/639920

PLEASE NOTE  
CHANGE OF  
ADDRESS

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