2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## DOCUMENT # 681200

1. Entity Name

BOB BROWN INSURANCE, INC.

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## FILED Apr 09, 2003 8:00 am Secretary of State

04-09-2003 90133 007 \*\*\*150.00

Principal Place of Business 2520 WEST BAY DR LARGO FL 33770 US :		Mailing Address 2520 WEST BAY DR LARGO FL 33770 US		I PREME EMAN FERRI ITERE MEM ADAM REM ANAMA	Oğu duğun düğün birdir diyası debi		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-2028408	NU-21128/1118		
Zip ,	Country	Zip	Country	S Certificate of Status Desired	Not Applicable  \$8.75 Additional Fee Required		
	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registered A	<u> </u>		
			Name				
VAILLANC	OURT, ROBIN A.		Street Address	Street Address (P.O. Box Number is Not Acceptable)			
- 1401-WES	T BAY DRIVE		Olicet Addiese	Sileet Address (F.O. box Number is Not Acceptable)			
LARGO FL	33541						
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8. The above	named entity submits this statemen	t for the purpose of changing its re	egistered office or regist	ered agent, or both, in the State of Florida. I am f	amiliar with, and accept		
the obligat	ions of registered agent.	in the second of	e e e e e e e e e	the state of the s	,		
SIGNATURE .	-	<u> </u>					
	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: I	Registered Agent signature requir	ed when reinstating) DATE	\$		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 c Payable to Florida Department			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS At	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11		
TITLE	8	☐ Delete	TITLE				
NAME	BROWN, ROBERT W.		NAME		/01		
STREET ADDRESS CITY-ST-ZIP	2520 WEST BAY DR LARGO FL		STREET ADDRESS CITY-ST-ZIP		Change Addition Change Addition		
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indicated	entry that the information supplied w	with this filing does not qualify for th	ne exemption stated in S	ection 119.07(3)(i), Florida Statutes. I further cert	ify 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 of 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Date

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