

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90133 034 \*\*\*150.00

**DOCUMENT # F02000000034**



**1. Entity Name**  
**SAVAGE YACHTS CORP.**

**Brown Management Inc**

**DBA: Savage Brown Yachts Corp**

**Principal Place of Business**

**5500 1ST AVE. NORTH**

**ST PETERSBURG FL 33710**

**Mailing Address**

**10217 PARADISE BLVD**

**TREASURE ISLAND FL 33706**

**90013666**



**2. Principal Place of Business**

**9546 W Gulf Blvd**

**Treasure Island, Fl 33706**

**3. Mailing Address**

**Suite, Apt. #, etc.**

**City & State**

**City & State**

**Zip**

**Country**

**Zip**

**Country**

**4. FEI Number 35-1636653**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BROWN, KENNETH W**

**5500 W. 1ST AVE NO.**

**ST PETERSBURG FL 33706**

**7. Name and Address of New Registered Agent**

**Name Kenneth W Brown**

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

**9546 W Gulf Blvd Treasure Island, Fl 33706**

**10217 Paradise Blvd**

**City Treasure Island, Fl 33706 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**

**TITLE PSCD** ☐ **Delete**  
**NAME BROWN, KENNETH W**  
**STREET ADDRESS 10217 PARADISE BLVD**  
**CITY-ST-ZIP TREASURE ISLAND FL**

**TITLE D** ☐ **Delete**  
**NAME BROWN, KEVIN J**  
**STREET ADDRESS 10217 PARADISE BLVD**  
**CITY-ST-ZIP TREASURE ISLAND FL**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

**TITLE** ☐ **Change** ☐ **Addition**  
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**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**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 or other like empowered.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

**1/27/03 (727) 367-2900**

CR2E034 (10/02)