

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F04875

1. Entity Name

J.W. BROWN, INC. LAND SURVEYORS

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90003 046 ***550.00

Principal Place of Business

101 NW 75TH ST
SUITE 2
GAINESVILLE FL 32607
US

Mailing Address

101 NW 75TH ST
SUITE 2
GAINESVILLE FL 32607
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 59-2033413

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

OWEN, DAVID H
205 SW 75TH ST APT 10-G
GAINESVILLE FL 32607

Name

DAVID H. OWEN

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

3928 NW 29 LN.

City

Gainesville

FL

Zip Code

32606

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

David H. Owen
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-8-2000

DATE

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

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME OWEN, STEPHEN P
STREET ADDRESS 3324 S.W. 100TH ST.
CITY-ST-ZIP GAINESVILLE FL 32607 ☐ Delete

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

TITLE ST
NAME OWEN, DAVID H
STREET ADDRESS 205 SW 75TH ST APT 10-G
CITY-ST-ZIP GAINESVILLE FL 32607 ☐ Delete

TITLE ST, VP
NAME DAVID H. OWEN
STREET ADDRESS 3928 NW 29 LN
CITY-ST-ZIP GAINESVILLE, FL. 32606 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David H. Owen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-8-2000

Date

352-331-3463

Daytime Phone #

CR2E034 (5/00)