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FILED
Sep 30, 2002 8:00 am
Secretary of State

09-11-2002 90065 012 ***558.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F04875

1. Entity Name

J.W. BROWN, INC. LAND SURVEYORS

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

43140

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

OWEN, DAVID H
 3928 NW 29 LN.
 GAINESVILLE FL 32608

7. Name and Address of New Registered Agent

Name ALAN HAAKER

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

11060 SE 128 PL RD

City OCKLAWAHA

FL

Zip Code 32179

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

ALAN J. HAAKER

9-25-2002

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee 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 NAME STREET ADDRESS CITY-ST-ZIP	V OWEN, STEPHEN P 3324 S.W. 100TH ST. GAINESVILLE FL 32607	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST OWEN, DAVID H 3928 NW 29 LN GAINESVILLE FL 32608	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAAKER, ALAN 11060 SE 128 PL RD OCKLAWAHA FL 32179	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VP OWEN, DAVID H 3737 NW 75th TERR GAINESVILLE, FL 32606	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	sec PATRICIA DU BECK 305 HOLDEN RD LOT #8 PALATKA FL 32177	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS JOY DUPUIS 715 W 50TH ST HIALEAH, FL 33012	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARINOS, ATHANASIOS T 1839 SW 155TH AVE MARAMA FL 33027	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOMIS, JACOB 5917 SW 114TH AVE COOPER CITY FL 33330	☐ 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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-19-2002

392 331 3663

Date

Daytime Phone #

CR2E034 (4/02)