FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Aug 29, 2003 8:00 am Secretary of State F04875 DOCUMENT # 08-29-2003 90086 030 ***558.75 1. Entity Name J.W. BROWN, INC. LAND SURVEYORS Principal Place of Business Mailing Address 111026106 101 NW 75TH ST 101 NW 75TH ST SUITE 2 SUITE 2 GAINESVILLE FL 32607 GAINESVILLE FL 32607 US 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 Applied For 59-2033413 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -- - 6. Name and Address of Current Registered Agent --7. Name and Address of New Registered Agent -Han HAAKER, ALAN Street Address (P.O. Box Number is Not Acceptable) 11060 SE 128 PL RD OCKLAWAHA FL 32179 City 8. The above named entity tement 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 regi KESIDA SIGNATURE name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!H FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. Tresurer Change ▼ Addition ☐ Delete TITLE TITLE 901 NW 56 the Street HAAKER, ALAN NAME NAME 11060 SE 128 PL RD STREET ADDRESS STREET ADDRESS ocala FI OCKLAWAHA FL 32179 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Change TITLE ☐ Delete TITLE Secretan OWEN, DAVID H owen, David NAME NAME 3737 NW 75TH TERR STREET ADDRESS STREET ADDRESS **GAINESVILLE FL 32606** CITY-ST-7IP CITY-ST-ZIP Dresident Change Delete ☐ Addition TITLE TITLE Haaker Alar 901 NW 50th BECH, PATRICIA D NAME NAME HOLDEN RD LOT #8 STREET ADDRESS STREET ADDRESS PALATKA FL 32177 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE **DUPUIS, JOY** NAME NAME 715 W 50TH ST STREET ADDRESS STREET ADDRESS HIALEAH FL 33012 CITY-ST-7IP CITY-ST-ZIP VΡ ☐ Defete ☐ Change ☐ Addition TITLE TITLE MARINOS, ATHANASIOS T NAME NAME 1839 SW 155TH AVE STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33027 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete GOMIS, JACOB NAME NAME 5917 SW 114TH AVE STREET ADDRESS STREET ADDRESS COOPER CITY FL 33330 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this fling 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 duster employeed 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