

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F30956

1. Entity Name

NOEL BROWN & ASSOCIATES, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90025 007 ***150.00

Principal Place of Business

% NOEL S BROWN
10 HOPSON ROAD
JACKSONVILLE BEACH FL 32250

Mailing Address

% NOEL S BROWN
10 HOPSON ROAD
JACKSONVILLE BEACH FL 32250-2612

2. Principal Place of Business

13725 BEACH BLVD.
Suite, Apt. #, etc.
NO. 4

3. Mailing Address

13725 BEACH BLVD.
Suite, Apt. #, etc.
NO. 4

City & State

JACKSONVILLE, FLA.

City & State

JACKSONVILLE, FLA.

4. FEI Number

59-2093798

Applied For

Not Applicable

Zip

32224

Country

DUVAL

Zip

32224

Country

DUVAL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, NOEL S
10 HOPSON ROAD
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name

NOEL S. BROWN

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

13725 BEACH BLVD.

NO. 4

City

JACKSONVILLE

FL

Zip Code

32224

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 NOEL S. BROWN, CHAIRMAN

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 \$150.00

After MAY 1, 2000 Fee will be \$550.00

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

TITLE	PVTS	<input type="checkbox"/> Delete
NAME	BROWN, CAROLYN	
STREET ADDRESS	10 HOPSON ROAD	
CITY-ST-ZIP	JAX BCH FL	
TITLE	DC	<input type="checkbox"/> Delete
NAME	BROWN, NOEL	
STREET ADDRESS	10 HOPSON ROAD	
CITY-ST-ZIP	JAX BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)