2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

F40245 DOCUMENT

1. Entity Name

Principal Place of Business

GEORGE BROWNING III, P.A.



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90116 011 ***150.00

% GEORGE BROWNING. III 46 NORTH WASHINGTON BLVD UNIT 27 SARASOTA FL 34236-5979		% GEÖRGE BROWNING. III 46 NORTH WASHINGTON BLVD UNIT 27 SARASOTA FL 34236-5979						
2. Principal Place of Business		3. Mailing Address			-	SI BINES NIBIS NIĐẠN ĐIĐAS NAS		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 59-2115576	Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate of Status Desired	S8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent				
		Name						
	G, GEORGE, III	Street Address (f		P.O. Box Number is Not Acceptable)				
46 NORTH WASHINGTON BLVD UNIT 27		a company	~		<u> </u>			
SARASOTA	A FL 34236		(City	They be you a series	FL Zip Code	e	
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 Payable to Florida Department				S. Election Campaign Finance Trust Fund Contribution.	☐ Added	0 May Be I to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS		
TILLITE	PD	☐ Delete	TITLE			☐ Change	☐ Addition §	
NAME STREET ADDRESS CITY-ST-ZIP	Browning, George, III 46 N Washington BV Ste27 Sarasota Fl	S. Maries (S. S. Sandara)	STREET A	l l				
TITLE	STD	☐ Delete	TITLE			☐ Change	☐ Addition }	
NAME	BROWNING, GEORGE, III	•	NAME	DDDCCC			ł	
STREET ADDRESS CITY-ST-ZIP	46 N WASHINGTON BV STE27 SARASOTA FL		STREET A	I				
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STREET ADDRESS CITY-ST-ZIP			STREET A					
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TITLE	, . <u>_</u>	☐ Delete	TITLE NAME			☐ Change	☐ Addition	
NAME STREET ADDRESS	·	·-·	STREET A	ADDRESS	1			
CITY-SI-ZIP			CITY-ST	I.		The second		
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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 all other like empowered.

SIGNATURE: