2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **F93000002931** Apr 20, 2000 8:00 am Secretary of State BROWN BUILDERS, INC. 04-20-2000 90007 018 ***150.00 Principal Place of Business Mailing Address 1619 JIMMIE DAVIS HWY 1619 JIMMIE DAVIS HWY BOSSIER CITY LA 71112-4513 BOSSIER CITY LA 71113 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 72-0703966 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 11 Zip Code City FL 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. . š . SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Brown, Kristen Rockett BROWN, B. WAYNE NAME NAME STREET ADDRESS 8610 GLENHAVEN' STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SHREVEPORT LA 71106 Addition ☐ Change TITLE Delete TITLE NAME BROWN, JAMES M NAME Brown, Ellen Daniel STREET ADDRESS 5001 SUNFLOWER BLVD. STREET ADDRESS 8610 Glenharen CITY-ST-ZIP CITY-ST-ZIP **BOSSIER CITY LA 71112** Shreveport, LA 71106 DVP-**Delete** TITLE ☐ Addition NAME BROWN, JAMES M NAME STREET ADDRESS 5001 SUNFLOWER BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOSSIER CITY LA** Addition ☐ Delete TITLE NAME **BROWN, JAMES DOUGLAS** NAME STREET ADDRESS 5009 FELICIANA DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOSSIER CITY LA** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME LOCKHART, ALLEN C NAME STREET ADDRESS 2213 LANDEAU LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOSSIER CITY LA 71111** Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

BOWA Brown Presiden

4/13/00

(313)746-0211

Daytime Phone #

(50.00+(50.00)