## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # F9900001211 May 01, 2000 8:00 am Secretary of State Entity Name BROWN VEL. INC. 05-01-2000 90017 039 \*\*\*150.00 Mailing Address Principal Place of Business 225 E. REDWOOD ST 225 E. REDWOOD ST BALTIMORE MD 21202-3306 BALTIMORE MD 21202 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 52-2146429 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REILLY, ANDREW R Street Address (P.O. Box Number is Not Acceptable) 95 S. 10TH ST HAINES CITY FL 33844 Zip Code 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. 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees 囚 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CP TITLE P/D Change Addition TITLE ☐ Delete PRUGH, JOHN M NAME NAME Prugh, John M. STREET ADDRESS STREET ADDRESS 225 E. REDWOOD ST 225 E. Redwood St CITY-ST-ZIP CITY-ST-ZIP **BALTIMORE MD 21202** Baltimore, MD 21202 X Change ☐ Addition ☐ Delete TITLE V/D TITLE BANCROFT, PETER E NAME Bancroft, Peter E. STREET ADDRESS STREET ADDRESS 225 E. REDWOOD ST 225 E. Redwood St CITY-ST-ZIP CITY-ST-ZIP **BALTIMORE MD 21202** Baltimore, MD 21202 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME HALL, TERRY F STREET ADDRESS STREET ADDRESS 225 E. REDWOOD ST CITY-ST-ZIP CITY-ST-ZIP **BALTIMORE MD 21202** ☐ Change Addition ☐ Delete TITLE TITLE GISRIEL, TIMOTHY M NAME NAME STREET ADDRESS STREET ADDRESS 225 E. REDWOOD ST CITY-ST-ZIP CITY-ST-ZIP **BALTIMORE MD 21202** Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE 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.

MPTimothy M. Gisriel

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

(410) 727-4083

Daytime Phone #

04/19/00