## 2062 Uniform Business Report (UBR)

## FILED Apr 09, 2002 8:00 am Secretary of State

1. Entity Name BROWN &		G1834		04-09-200	•			,			
1			Meiling Address 4400 T.P.C. BLVDN. P.O.BOX 1333 PONTE VERDA BEACH FL 32004-1333			·					
2. Principal Pl	ace of Business		3. Mailing Address			7	† 1887)   <b>200</b> 0   <b>200</b> 0   <b>0</b> 100    911	(	i Blair Aidh	HILLI KILLI INDI	
Suite, Apt. #	ŧ, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4.	FEI Number 59-2243026		-	Applied For Not Applicable	le .
Zip	_	untry	Zip	Cou	ntry	5.	Certificate of Status Desired		8.75 A		7
	6. Name and	Address of Current Re	egistered Agent	~	***	7.	Name and Address of New Re	gistered A	ent		_
EAKIN, PAU	JL M		* <u>-</u>		Name Street Address	<u> </u>					
599 ATLANTIC BLVD.					Street Address (P.O. Box Number is Not Acceptable)						
SUITE 4 ATLANTIC BEACH FL 32233											
\v			·		City			FL	Zip Co	de	
8. The above n	named entity subm	nits this statement for ti	he purpose of changing its	register	ed office or registe	ered ag	ent, or both, in the State of Flori	da.			
ŞIGNATURE							المرابيل والمرابية العالم	13.00	ا التريي <u>ۋا</u>	<u> </u>	
		iname of registered agent and			d Agent signature require	d when re	enstating) His 1	AL PARES 19	所溫	調整權	4
B. This corpore	etion is eligible to quirement and ele i on back)	satisfy its Intangible ects to do so.	After May 1, 200 Make Check Payab	2 Fee	will be \$550.00	ite	<ol> <li>Election Campaign Finar Trust Fund Contribution.</li> </ol>			00 May Be d to Fees	
11.	10	OFFICERS AND DI	RECTORS	12.	····	AD	DITIONS/CHANGES TO OFFICE	ERS AND D	IRECTOR	RS IN 11	Ⅎ_
NAME U		L HISTREET GOOD ACH FL 32034	PANY, SAC.	III .				. (	] Change	Addition .	CR2E034 (9/01)
STREET ADDRESS 17 CITY-ST-ZIP F	ROSBY, CHAR 789 FRUIT COV RUIT COVE FL	E WOODS DRIVE	Delete	н			,		Change	Addition	, GR
STREET ADDRESS  61	EILIG, MELANIE 11 PONTE VED	E.R RA LAKES BLVD., # EACH FL 32082	Delets	П				<sup>_</sup>	Change	Addition	
STREET ADDRESS 26	t Isher, Sherri 505 Merwyn F Acksonville i	OAD	☐ Delete	11	l				] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	11	T ADDRESS ST-ZIP				Change	Addition	]
TITLE NAME STREET ADDRESS CIFY-ST-ZIP			☐ Celete	CITY-					Change	Addition	
13. I hereby cert Indicated on of the corpor changed, or	ration or the recei on an attachment	ation supplied with HTS plemental report is tracker of trustee employer with an ordered with	ining does not qualify for it a gad accurate and that my ed to execute his report a all other libe impossored.	he exemple signature require	ed by Chapter 607	ame ie Florida	19.07(3)(i), Florida Statutes. I fur gal effect as if made under oath a Statutes; and that my name ap	r; that I am a opears in 81	in officer ock 11 or	or director Block 12-if	

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## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

March 18, 2002

BROWN & LUKE CONTRACTING COMPANY, INC. 4400 T.P.C. BLVD.,N. P.O.BOX 1333 PONTE VERDA BEACH, FL 32004-1333

Subject: BROWN & LUKE CONTRACTING COMPANY, INC.

Reference Number:

G18346

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/gs ANNUAL REPORTS SECTION