

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G84070**

1. Entity Name

MIKE BROWN EXCAVATING, INC.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90096 048 ***158.75

Principal Place of Business

~~2800 5TH AVE S.~~
~~ST PETERSBURG FL 33708~~
US

Mailing Address

P.O. BOX 10007
LARGO FL 33773

D0034302



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6880-46th Ave. N.

3. Mailing Address

Suite, Apt. #, etc.

Suite 240

Suite, Apt. #, etc.

City & State

St. Petersburg, FL 33709

City & State

Zip

33709

Country

USA

Zip

Country

4. FEI Number **59-2386990**

Applied For

Not Applicable

5. Certificate of Status Desired **XX**

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, MICHAEL J
6880-46TH AVENUE NORTH
SUITE 240
ST. PETERSBURG FL 33709

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2001 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 ☐ Delete
NAME **P BROWN, MICHAEL J.**
STREET ADDRESS **1231 MONTEREY BLVD. N.E.**
CITY-ST-ZIP **ST. PETERSBURG FL 33704**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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: *Michael J. Brown*

Michael J. Brown, President

4/5/01 (727) 545-9076

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)