

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 07, 2001 8:00 am
Secretary of State

05-07-2001 90015 011 ***150.00

DOCUMENT # H52716

1. Entity Name

K.W. BROWN & COMPANY

Principal Place of Business

900 NORTH FEDERAL HWY
SUITE 410
BOCA RATON FL 33432
US

Mailing Address

900 NORTH FEDERAL HWY
SUITE 410
BOCA RATON FL 33432
US

2. Principal Place of Business

401 W. Linton Blvd

Suite, Apt. #, etc.

Suite 300

City & State

Delray Beach, FL

Zip
33444

Country

USA

3. Mailing Address

401 W Linton Blvd

Suite, Apt. #, etc.

Suite 300

City & State

Delray Beach, FL

Zip

33444

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2791290

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, KENNETH W.
9 INLET CAY
OCEAN RIDGE FL 33435

7. Name and Address of New Registered Agent

Name

Brown, Kenneth

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

401 W. Linton Blvd

Suite 300

City

Delray Beach

FL

Zip Code

33444

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DCEO
BROWN, KENNETH W.
9 INLET CAY
OCEAN RIDGE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDS
BROWN, WENDY
9 INLET CAY
OCEAN RIDGE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DCEO
BROWN
401 W Linton Blvd
Delray Beach, FL 33444 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDS
Brown, Wendy
401 W. Linton Blvd
Delray Beach, FL 33444 ☒ Change ☐ Addition

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)