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☐ Change ☐ Addition

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2002	2 UNIFORM BUSI	NESS REPO	RT	(UBR)	= ,	FILE Jul 02, 2002	8:00		
	MENT # H548 3	37	,	į		Secretary 07-02-2002 90809			
1. Entity Nam	. Brown Beefmasters, I	NC.		b.		07-02-2002 90809	030 ***330.C	JO	
Principal Plac 4101 EVANS FORT MYERS	ROAD	Mailing Address 4101 EVANS ROAD FORT MYERS FL 33901	-	<u></u>	7	ព្រ	126551		
2. Principal Place of Business 4101 EVENS DUE 4101 EVENS DUE 4101 EVENS DUE		<u>ave</u>							
		Suite, Apt. #, etc.				. DO NOT WRITE IN THIS SPACE			
City & State	9	City & State		4.	FEI Number 59-2547957		pplied For lot Applicable		
Zip	Country	Zip	Count	ry	5.	Certificate of Status Desired	\$8.75 Ad Fee Require		
	6. Name and Address of Current R	egistered Agent		Name	7.	Name and Address of New Regist	ered Agent		
8. The above	named entity submits this statement for			City d office or regis		gent, or both, in the State of Florida,	FL Zip Coo	de .	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE I After May 1, 2002 Fee w Make Check Payable to De		EE IS \$150.00 Fee will be \$550.00		10. Election Campaign Financing Trust Fund Contribution.		O May Be d to Fees			
111. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, DAVID C. 424 E NEW MARKET RD IMMOKALEE FL 34142	IRECTORS Delete	12. TITLE NAME STREE	T ADORESS ST- ZIP	AC	DITIONS/CHANGES TO OFFICERS	AND DIRECTOR Change	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANUAL I & CYTY	☐ Delete	NAME STREE CITY-S	T ADDRESS ST-ZIP			☐ Change	☐ Additlen	
TITLE NAME STREET ADORESS CITY-ST-ZIP		Delete	-	ADDRESS ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADORESS ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET	ADDRESS	· · ·		☐ Change	Addition	

☐ Delete

IIILE NAME

STREET ADDRESS 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.

6/1./or

TITLE

NAME STREET ADDRESS

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

June 18, 2002

DAVID C. BROWN BEEFMASTERS, INC. 4101 EVANS AVE FORT MYERS, FL 33901 US

Subject: DAVID C. BROWN BEEFMASTERS, INC.

Reference Number:

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

The check submitted is not payable to this office. Please make your check payable to the Department of State.

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.

/jg ANNUAL REPORTS SECTION