

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90147 003 ***150.00

DOCUMENT # H75571

1. Entity Name
KEITH BROWN HOMES, INC.



Principal Place of Business
4239 SUNBEAM RD
#1
JACKSONVILLE FL 32257
US

Mailing Address
4239 SUNBEAM RD
#1
JACKSONVILLE FL 32257
US

60018748



2. Principal Place of Business

200 Cedar Creek Rd
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 518
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Palatka, Florida
Zip Country

City & State

Green Cove Springs, FL
Zip Country

4. FEI Number **59-2593181**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, WILLIAM KEITH
4239 SUNBEAM RD
#1
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
200 Cedar Creek Road
Palatka
City **FL** Zip Code **32177**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE William Keith Brown CPST 4/14/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CPST	<input type="checkbox"/> Delete
NAME	BROWN, WILLIAM KEITH	
STREET ADDRESS	4239 SUNBEAM RD #1	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BROWN, MELINDA OBERLE	
STREET ADDRESS	4239 SUNBEAM RD #1	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SHACKELFORD, KAREN	
STREET ADDRESS	4239 SUNBEAM RD #1	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	200 Cedar Creek Road	
CITY-ST-ZIP	Palatka FL 32177	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	200 Cedar Creek Road	
CITY-ST-ZIP	Palatka FL 32177	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William Keith Brown William Keith Brown 4/14/03 (904) 529-5224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)