

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90074 006 ***158.75

DOCUMENT # H86404

1. Entity Name
PETER R. BROWN CONSTRUCTION, INC.

Principal Place of Business Mailing Address
 1475 S. BELCHER RD. P. O. BOX 4100
 LARGO FL 33771 CLEARWATER FL 33758-4100
 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2627942** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, PETER R.
11180 6TH ST. E.
TREASURE ISLAND FL 33706

7. Name and Address of New Registered Agent

Name **JUDY A. MITCHELL**
 Street Address (P.O. Box Number is Not Acceptable)
327 LOTUS PATH
CLEARWATER
 City **FL** Zip Code **33756**

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 Judy A. Mitchell JUDY A. MITCHELL, PRES. 1-4-00
 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, 2000 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	C	<input checked="" type="checkbox"/> Delete
NAME	BROWN, PETER R.	
STREET ADDRESS	1475 S BELCHER RD.	
CITY-ST-ZIP	LARGO FL	
TITLE	DEXP	<input type="checkbox"/> Delete
NAME	VARGAS, EDUARDO	
STREET ADDRESS	59 DOLPHIN DR.	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	MITCHELL, JUDY A	
STREET ADDRESS	327 LOTUS PATH	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HUNT, DARLENE	
STREET ADDRESS	4606 W GRAY ST #209	
CITY-ST-ZIP	TAMPA FL	
TITLE	DEXP	<input type="checkbox"/> Delete
NAME	STEWART, JOHN R.	
STREET ADDRESS	7101 CARMEL DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHRISTOPHER, STEVEN M	
STREET ADDRESS	2973 CULVERNY CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert H. Dard	
STREET ADDRESS	209 W. SEVERA	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	E.V.P.	<input checked="" 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	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2973 Giverny Circle	
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: Judy A. Mitchell JUDY A. MITCHELL, PRES. 1-4-00 727.531.1466
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)