

# 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.  
 TAMPA FL 33771

P. O. BOX 4100  
 CLEARWATER FL 33758-4100  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt., etc.

Suite, Apt., etc.

City & State

City & State

4. FEI Number

**59-2627942**

Applied For

Not Applicable

Zip

Country

Zip

Country

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.

Trust Fund Contribution.

**\$5.00** May Be

Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
C	BROWN, PETER R.	1475 S BELCHER RD.	LARGO FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DEP	VARGAS, EDUARDO	59 DOLPHIN DR.	TREASURE ISLAND FL	<input type="checkbox"/>	<input type="checkbox"/>
PTD	MITCHELL, JUDY A	327 LOTUS PATH	CLEARWATER FL	<input type="checkbox"/>	<input type="checkbox"/>
S	HUNT, DARLENE	4606 W GRAY ST #209	TAMPA FL	<input type="checkbox"/>	<input type="checkbox"/>
DEP	STEWART, JOHN R.	7101 CARMEL DR.	TALLAHASSEE FL	<input type="checkbox"/>	<input type="checkbox"/>
VP	CHRISTOPHER, STEVEN M	2973 CULVERNY CIRCLE	TALLAHASSEE FL 32308	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	ROBERT H. DARD	209 W. SEVERA	TAMPA FL 33612	<input type="checkbox"/>	<input checked="" type="checkbox"/>
EVP				<input checked="" type="checkbox"/>	<input type="checkbox"/>
EVP				<input checked="" type="checkbox"/>	<input type="checkbox"/>
		2973 Giverny Circle		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-4-00**  
Date

**77.531.1466**  
Daytime Phone #

CR2E034 (9/99)

00006645



DO NOT WRITE IN THIS SPACE