

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90112 044 ***158.75

DOCUMENT # H86404

1. Entity Name

PETER R. BROWN CONSTRUCTION, INC.

Principal Place of Business

1475 S. BELCHER RD.
LARGO FL 33771
US

Mailing Address

P. O. BOX 4100
CLEARWATER FL 33758
US**C0011907**

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

MITCHELL, JUDY A
327 LOTUS PATH
CLEARWATER FL 34616

Name

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

City

FL

Zip Code

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME HIBBARD, ROBERT
STREET ADDRESS 209 W SENELA
CITY-ST-ZIP TAMPA FL 33612 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE EVP
NAME VARGAS, EDUARDO
STREET ADDRESS 59 DOLPHIN DR
CITY-ST-ZIP TREASURE ISLAND FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE PTD
NAME MITCHELL, JUDY A
STREET ADDRESS 327 LOTUS PATH
CITY-ST-ZIP CLEARWATER FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE S
NAME HUNT, DARLENE
STREET ADDRESS 4606 W GRAY ST #209
CITY-ST-ZIP TAMPA FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE EVP
NAME STEWART, JOHN R.
STREET ADDRESS 7101 CARMEL DR.
CITY-ST-ZIP TALLAHASSEE FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE VP
NAME CHRISTOPHER, STEVEN M
STREET ADDRESS 2973 GIVERAY CIRCLE
CITY-ST-ZIP TALLAHASSEE FL ☐ DeleteTITLE
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 #

1-15-01 (727) 531-1466

CR2E034 (10/00)

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