

AMENDED

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J00435

1. Entity Name

BROWN'S SERVICES, INC.

Principal Place of Business

Mailing Address

419 W PLATT ST STE 201
TAMPA FL 33606-4997

419 W PLATT ST STE 201
TAMPA FL 33608-2243

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

59-2651715

Applied For

Not Applicable

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

BROWN, WILLIAM DUANE
419 W PLATT ST
TAMPA FL 33608

Name: Leger, Toby Elaine

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

419 W Platt St

City Tampa

FL

Zip Code

33606

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 TOBY ELAINE LEGER

Toby Elaine Leger

09-08-00

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when retitling)

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 \$350.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BROWN, WILLIAM DUANE	
STREET ADDRESS	419 PLATT ST	
CITY-ST-ZIP	TAMPA FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Leger, Toby Elaine		
STREET ADDRESS	419 W Platt St		
CITY-ST-ZIP	Tampa, FL 33606	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: TOBY ELAINE LEGER

Toby Elaine Leger

RA PRES: 09-08-00

813-254-4923

SIGNATURE AND TYPED OR PRINTED NAME OF MONITOR OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
00-SEP-18 PM 12:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

092E034 (9/99)

800003419348
10/10/00 01010
*****61.25*****61.25