

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J20157

1. Entity Name
FRED BROWN, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV 19 PM 2:22

Principal Place of Business
7309 DOVER LN
PARKLAND FL 33067
US

Mailing Address
7309 DOVER LN
ROOM 201
PARKLAND FL 33067
US

2. Principal Place of Business
6978 NW 81st Terr
Suite, Apt. #, etc.

3. Mailing Address
6978 NW 81st Terr
Suite, Apt. #, etc.

REINSTATEMENT
DO NOT WRITE IN THIS SPACE

City & State
Parkland, FL
Zip
33067
Country
USA

City & State
Parkland, FL
Zip
33067
Country
USA

4. FEI Number
59-2694524
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BARTOSZEK, ANDREW
7309 DOVER LANE
PARKLAND FL 33067

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
6978 NW 81st Terrace
City
Parkland, FL
Zip Code
33067

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 *Andrew Bartoszek* Andrew Bartoszek, Pres.
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	VTD BARTOSZEK, ANDREW 7309 DOVER LANE PARKLAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	6978 NW 81st Terrace Parkland, FL 33068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000004706930--7 -12/05/01--01080--028 ***750.00 ***750.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Andrew Bartoszek* Andrew Bartoszek 10/4/01 954-752-3336
Signature and typed or printed name of signing officer or director Date Daytime Phone #

0030448

CR2E034 (5/01)