

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91503 047 ***150.00

DOCUMENT # J21559

1. Entity Name
EDWIN G. BROWN & ASSOCIATES, INC.

Principal Place of Business
2813 CRAWFORDVILLE HWY
CRAWFORDVILLE FL 32327
US

Mailing Address
P.O. BOX 625
CRAWFORDVILLE FL 32326
US



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

59-2684125

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, EDWIN G.
2813 CRAWFORDVILLE HWY
CRAWFORDVILLE FL 32327

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
DP
 NAME **BROWN, EDWIN G.**
 STREET ADDRESS **2813 CRAWFORDVILLE HWY**
 CITY-ST-ZIP **CRAWFORDVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
V
 NAME **SPARKMAN, DONNIE R.**
 STREET ADDRESS **2813 CRAWFORDVILLE HWY**
 CITY-ST-ZIP **CRAWFORDVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
ST
 NAME **BROWN, SHAROL P.**
 STREET ADDRESS **2813 CRAWFORDVILLE HWY**
 CITY-ST-ZIP **CRAWFORDVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
V
 NAME **JOHNSON, WALTER A**
 STREET ADDRESS **RT 1 BOX 72**
 CITY-ST-ZIP **QUINCY FL 32351**

TITLE Change Addition
 NAME **Brown, Wade G.**
 STREET ADDRESS **2813 Crawfordville Hwy**
 CITY-ST-ZIP **Crawfordville, FL 32327**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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)(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:

Sharol P. Brown **Sharol P. Brown**

4-17-02

850-926-3016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05989710 A1

CR2E034 (9/01)