

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J43508

1. Entity Name
GARY H. BROWN CUSTOM HOMES, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90002 012 ***150.00

Principal Place of Business

Mailing Address

% GARY HILL BROWN
2362 RESERVATION ROAD
GULF BREEZE FL 32561

2166

% GARY HILL BROWN
2362 RESERVATION ROAD
GULF BREEZE FL 32561



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2166 Reservation Rd

3. Mailing Address

2166 Reservation Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2763782

Applied For
Not Applicable

Zip

32561

Country

South - Rosa

Zip

32561

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

BROWN, GARY HILL
1252 BROWN'S CIRCLE
GULF BREEZE FL 32561

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 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 PST
NAME BROWN, GARY HILL
STREET ADDRESS 1252 BROWN'S CIRCLE
CITY-ST-ZIP GULF BREEZE FL ☒ Delete

TITLE PST
NAME Brown, Gary H. Hill
STREET ADDRESS 2166 Reservation Rd
CITY-ST-ZIP Gulf Breeze FLA 32561 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
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 #

2-12-01

858 932 4658

CR2E034 (10/00)