## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 20, 2000 8:00 am Secretary of State **DOCUMENT # J47802** 1. Entity Name DWB OF PUTNAM COUNTY, INC. 03-20-2000 90076 029 \*\*\*150.00 Mailing Address Principal Place of Business P.O. BOX 415 P.O. BOX 415 EAST PALATKA FL 32131-0415 EAST PALATKA FL 32131 C0039972 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2739416 Not Applicable Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROWNING, DIANE W. Street Address (P.O. Box Number is Not Acceptable) 38 BROWNING LANE EAST PALATKA FL 32131 Zip Code FI 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Addition = ☐ Delete TITLE TITLE BROWNING, DIANE W. NAME NAME STREET ADDRESS 38 BROWNING LN. STREET ADDRESS CITY-ST-ZIP EAST PALATKA FL CITY-ST-7IP Addition ☐ Delete Change TITLE BROWNING, JOHN, JR. NAME **38 BROWNING LANE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP EAST PALATKA FL ☐ Change ☐ Addition TITLE Delete -TITLE **BROWNING. RUBY** NAME NAME 38 BROWNING LN. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP EAST PALATKA FL ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE De'ete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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. DIANE W. BROWNING SIGNATURE:

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTO