

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J77370

1. Entity Name

KENNETH N. BROWER & ASSOCIATES, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90046 017 ***158.75

Principal Place of Business

2455 E. SUNRISE BLVD.
804
FT LAUDERDALE FL 33304

Mailing Address

3200 NORTH OCEAN BLVD.
#1002
FT LAUDERDALE FL 33308-7157

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

59-2817763

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWER, KENNETH N.
2841 TIMBERCREEK CIRCLE
BOCA RATON FL 33431

Name

BROWER, KENNETH N.

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

3200 NORTH OCEAN BLVD. #1002

City

Fort Lauderdale

FL

Zip Code

33308

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

Kenneth N. Brower

KENNETH N. BROWER

FEB. 10, 2000

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	BROWER, KENNETH N.	
STREET ADDRESS	3200 NORTH OCEAN BLVD., #1002	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	BROWER, SHEILA	
STREET ADDRESS	3200 NORTH OCEAN BLVD., #1002	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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)(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:

Kenneth N. Brower
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-10-00

Daytime Phone #

954-564-6440

CR2E034 (9/99)