

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90084 017 \*\*\*158.75

030695 AV

**DOCUMENT # J77370**

1. Entity Name

**KENNETH N. BROWER & ASSOCIATES, INC.**

Principal Place of Business

2455 E. SUNRISE BLVD.

FT LAUDERDALE FL 33304

Mailing Address

3200 NORTH OCEAN BLVD.

#1002

FT LAUDERDALE FL 33308

2. Principal Place of Business

2455 E. SUNRISE BLVD.

3. Mailing Address

3200 NORTH OCEAN BLVD.

Suite, Apt. # etc.

SUITE # ARS

Suite, Apt. #, etc.

APT. # 1002

City & State

FORT LAUDERDALE, FL.

City & State

FORT LAUDERDALE, FL.

Zip

33304

Country

USA

Zip

33308

Country

USA

6. Name and Address of Current Registered Agent

BROWER, KENNETH N.

3200 N OCEAN BLVD

#1002

FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

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

*Kenneth N. Brower*  
 Signature typed or printed name of registered agent and title if applicable.

KENNETH N. BROWER, PRESIDENT

2/15/02  
 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

TITLE **P** ☐ Delete  
 NAME **BROWER, KENNETH N.**  
 STREET ADDRESS **3200 NORTH OCEAN BLVD., #1002**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE **S/T** ☐ Delete  
 NAME **BROWER, SHEILA**  
 STREET ADDRESS **3200 NORTH OCEAN BLVD., #1002**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 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:

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

2/15/02  
 Date

954-564-6440  
 Daytime Phone #

CR2E034 (9/01)