

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90007 033 ***158.75

DOCUMENT # **J77370**

1. Entity Name

KENNETH N. BROWER + ASSOC. INC.



DO NOT WRITE IN THIS SPACE

44048568

2. Principal Place of Business

2455 E. SUNRISE BLVD.

3. Mailing Address

3200 N. OCEAN BLVD.

Suite, Apt. #, etc.

SUITE # AR5

Suite, Apt. #, etc.

1002

City & State

FORT LAUDERDALE, FL.

City & State

FORT LAUDERDALE, FL.

Zip

33304

Country

U.S.A.

Zip

33308

Country

U.S.A.

4. FEI Number

59-281-7763

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **KENNETH N. BROWER**

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

3200 N. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PRESIDENT**
NAME **KENNETH N. BROWER**
STREET ADDRESS **3200 N. OCEAN BLVD. #1002**
CITY-ST-ZIP **FORT LAUDERDALE, FL. 33308**

TITLE **SECRETARY - TREASURER**
NAME **SHILA L. BROWER**
STREET ADDRESS **3200 N. OCEAN BLVD.**
CITY-ST-ZIP **FORT LAUDERDALE, FL. 33308**

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kenneth N. Brower

KENNETH N. BROWER

JULY 9, 2004

954-564-6440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

Kenneth N. Brower

Attachment

and Associates, Inc.

International Bldg. / 2455 E. Sunrise Blvd. / Suite AR5 / Fort Lauderdale, FL 33304 / Phone: (954) 564-6440 / Fax: (954) 564-0422

#J7737
44048568

July 9, 2004

To: Division of Corporations

From: Kenneth N. Brower

Upon my receipt of the enclosed "Notice to Dissolve", I called the Division of Corporations. Today I received the enclosed U.B.R.

Please be advised that prior to this date, I have not received this report for this year.

Please advise should there be any questions.

Respectfully,

Kenneth N. Brower

Attachment B
57737
44048568

KENNETH N BROWER AND ASSOC INC
3200 N OCEAN BLVD
#1002
FT LAUDERDALE FL 33308

Request taken by: shyoung
07-02-2004

The forms you recently requested from this office are:

(1) 201. COR Profit A/R

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314