2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

K75926

1. Entity Name



STAN E. BROWN, INC.

FILED									
Jan 06, 2003 8:00 am									
Secretary of State									

01-06-2003 90018 006 ***150.00

Sulfe, Ap. II., ello. Sulfe, Ap. III., ello. Sulfe,	Principal Plac 6131 S.E. 85T OCALA FL 34 US		Mailing Address 6131 S.E. 85TH LANE OCALA FL 34472-3404 US									
City & State	2. Principal P	Place of Business	3. Mailing Address				1 1 1 1 1 1 1 1 1 1 	 	i Bibli Bibli B			
Country Zip Country Zip Country 5. Certificate of Status Desired Se. 75 Additional Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
September Sept	City & Stat	e	City & State			4.	FEI Number 65-0136303	. —			1	
BROWN, STANLEY E. 6131 S.E. 85 LANE OCALA FL 34472-3404 City FL Zip Code	Zip	Country	Zip	try	5.	5. Certificate of Status Desired \$8.75 Ad			ditional			
BROWN, STANLEY E. 6131 S.E. 85 LANE OCALA FI. 34472-3404 City FL Zip Code The obligations of registered agent. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. FILE NOW!!! FEE IS 3150.00 After May 1, 2003 Fee will be 3550.00 Make Check Payable to Florida Department of State 0.		= _6,_Name and Address of Current	Registered Agent			7.	Name and Address of New Regis	tered Ag	ent		1	
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3. 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. 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. 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with and accept the state of Florida. I am familiar with and accept the s									T = 0		-	
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2. 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	ITY-ST-ZIP				1							
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Landy & Brown SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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