

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K84388

1. Entity Name

BROWN'S MOWING SERVICE, INC.

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90023 014 \*\*\*150.00

Principal Place of Business

Mailing Address

3501 SANO RD  
CAPE CORAL FL 33993  
US

3501 SANO RD  
APT. #2  
CAPE CORAL FL 33993  
US

2. Principal Place of Business

3501 Sand Road

3. Mailing Address

3501 Sand Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0113368

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN SR, THOMAS R  
3501 SANO RD  
CAPE CORAL FL 33993

Name

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

3501 Sand Road

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

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	DV	<input type="checkbox"/> Delete
NAME	BROWN, THOMAS R JR	
STREET ADDRESS	3501 SANO RD	
CITY-ST-ZIP	CAPE CORAL FL 33993	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BROWN, CHRISTOPHER M	
STREET ADDRESS	3501 SANO RD	
CITY-ST-ZIP	CAPE CORAL FL 33993	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BROWN SR, THOMAS R	
STREET ADDRESS	3501 SANO RD	
CITY-ST-ZIP	CAPE CORAL FL 33993	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BROWN, PATRICIA A	
STREET ADDRESS	3501 SANO RD	
CITY-ST-ZIP	CAPE CORAL FL 33993	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sand	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sand	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sand	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sand	
STREET ADDRESS		
CITY-ST-ZIP		
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Patricia A. Brown

3/25/00 941 282 5753

CR2E034 (9/99)