CR2E034 (10/00)

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 10, 2001 8:00 am Secretary of State DOCUMENT # **K84388** BROWN'S MOWING SERVICE, INC. 04-10-2001 90029 033 ***150.00 Mailing Address Principal Place of Business 3501 SAND RD 3501 SAND RD C0043868 CAPE CORAL FL 33993 APT.: #2-CAPE CORAL FL 33993 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0113368 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROWN SR. THOMAS R Street Address (P.O. Box Number is Not Acceptable) **3501 SAND RD** CAPE CORAL FL 33993 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME BROWN, THOMAS R JR STREET ADDRESS STREET ADDRESS 3501 SAND RD CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33993 ☐ Addition ☐ Delete TITLE TITLE NAME NAME BROWN, CHRISTOPHER M STREET ADDRESS STREET ADDRESS 3501 SAND RD CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33993 TITLE ☐ Delete TITLE Change Addition NAME BROWN SR. THOMAS R STREET ADDRESS STREET ADDRESS 3501 SAND RD CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33993 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME BROWN, PATRICIA A NAME STREET ADDRESS STREET ADDRESS 3501 SAND RD CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33993 ☐ Change TITLE ☐ Delete ☐ Addition TITLE NAME NAME \$\$\$\$内内,写是《John ** \$\$ \$\$\$\$\$\$\$ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 of the corporation or the receiverfor trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

A BOMUN

11.0

☐ Delete

Change

☐ Addition