## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 25, 2002 8:00 am Secretary of State K87842 DOCUMENT # 03-25-2002 90183 035 \*\*\*150 00 BROWN REAL ESTATE HOLDINGS, INC. Mailing Address Principal Place of Business 3015 LAKE ALFRED ROAD 1190 REGENCY CTR DR WINTER HAVEN FL 33880 ATLANTA GA 30331 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2950368 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RIDER, CHRIS Street Address (P.O. Box Number is Not Acceptable) 201 E PINE ST SUITE 801 ORLANDO FL 32801 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE Change TITLE BROWN, JOHNNY M. NAME NAME 3015 LAKE ALFRED ROAD STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33881 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition . Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME 化磁铁铁矿 机扩充的 STREET ADDRESS STREET ADDRESS 公路上20亿年1869年10万 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS 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 supplimental 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 recovery of the section of the recovery of the section of the recovery of the section of the section of the recovery of the section o of the corporation or the received ddress, with all other like empowered.

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Daytime Phone #

FILED