

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001667

1. Entity Name

BROWN & HUTCHINS ENTERPRISES, LLC

FILED

01 MAY -4 PM 1:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~601 RIVERSIDE AVE., BLDG. II, SUITE 650-A~~

~~601 RIVERSIDE AVE., BLDG. II, SUITE 650-A~~

JACKSONVILLE FL 32204

JACKSONVILLE FL 32204

2. Principal Place of Business

3. Mailing Address

7764245 NORMANDY BLVD.

729 POST STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

City & State

4. FEI Number

22-3708098

Applied For

Not Applicable

Zip

32221

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUTCHINS, RAYMOND L

Name

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

729 POST STREET

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME DIAMONDS ET CETERA, INC.  
STREET ADDRESS 601 RIVERSIDE AVE., BLDG. II, SUITE 650-A  
CITY-ST-ZIP JACKSONVILLE FL 32204 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 729 POST STREET ☒ Change ☐ Addition  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS 100004340921--7  
CITY-ST-ZIP -06/05/01--01008--015 ☐ Change ☐ Addition  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04-30-01

Date

904-354-3335

Daytime Phone #