

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90007 013 \*\*\*\*50.00

**DOCUMENT # L02000026986**

1. Entity Name

**CHARLES BROWN ENTERPRISES, LLC**



Principal Place of Business

Mailing Address

**35 W. MARTIN LUTHER KING JR. BLVD.  
RIVERA BEACH FL 33404**

**35 W. MARTIN LUTHER KING JR. BLVD.  
RIVERA BEACH FL 33404**

2. Principal Place of Business

3. Mailing Address

**810 N. Congress Ave**

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Riviera Beach, FL**

**Florida**

Zip

Country

Zip

Country

**33404**

**Palm Beach**

4. FEI Number

**262-34-0547**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**LIOCE, DOMENICK R  
1645 PALM BEACH LAKES BLVD., STE. 1200  
WEST PALM BEACH FL 33401**

Name

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

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **CEO**  
NAME **Charles R. Brown, common member**  
STREET ADDRESS **810 N. Congress Avenue**  
CITY-ST-ZIP **Riviera Beach, FL 33404**

TITLE **President**  
NAME **Russell Lynes, common member**  
STREET ADDRESS **8596 Doverbrook Drive**  
CITY-ST-ZIP **Palm Beach Gardens, FL 33400**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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 REQUIRED**

**3-15-03**

**561-848-1261**

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

Date

Daytime Phone #

CR2E083 (10/02)