

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90734 043 ***150.00

MARFCON AV

DOCUMENT # L06738

1. Entity Name
BROWNER DESIGNS, INC.



Principal Place of Business
**916 CLINT MOORE RD
BOCA RATON FL 33487**

Mailing Address
**916 CLINT MOORE RD
BOCA RATON FL 33487**



2. Principal Place of Business
Suite, Apt. #, etc.
21595 Guadaluajara Ave
City & State
Boca Raton FL

3. Mailing Address
Suite, Apt. #, etc.
21595 Guadaluajara Ave
City & State
Boca Raton, FL

Zip
33433 Country
P.B.C.

Zip
33433 Country
P.B.C.

CHECK HERE IF MAKING CHANGES


6. Name and Address of Current Registered Agent
**BROWNER, JEFFREY B.
916 CLINT MOORE RD.
BOCA RATON FL 33487**

7. Name and Address of New Registered Agent
Name
BROWNER Jeffrey B
Street Address (P.O. Box Number is Not Acceptable)
21595 Guadaluajara Ave
Boca Raton, FL 33433
City **FL** Zip Code

4. FEI Number **65-0199421** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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  DATE **2/28/03**

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWNER, JEFFREY B 21595 FUADALAJARA AVENUE BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **2/28/03** Daytime Phone # **561-416-4004**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (10/02)