2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L12102 1. Entity Name MARK BROWER CONSTRUCTION, INC.							Apr 03, 2001 8:00 am Secretary of State 04-03-2001 90079 039 ***150.00			
Principal Place 8451 GARDENS SARASOTA FL US		3	Mailing Address 8451 GARDENS CIR #3 SARASOTA FL 34243 US					•		
•		ess idge St. Cir	3. Mailing Address 7650 Partridge St. Cir Suite, Apt. #, etc.			Cir	DO NOT WRITE IN THIS SPACE			
City & Sta Brade	enton,	FL	City & State Bradenton, FL		4.	FEI Number 65-0141589	→	oplied For at Applicable		
Zip Country 3 4 2 0 2 USA 6. Name and Address of Current F		Zip 34202		Country USA		5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent				
	o. Name	and Address of Current I	registered Agent		Name		Name and Address of New Registered Age	ent		
LEE, H. GREG 2014 FOURTH ST SARASOTA FL 34237					~	ddress (P.O.	ress (P.O. Box Number is Not Acceptable)			
•					City	FL Zip Code				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE 1. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Signature, typed or printed name of registered agent and title if applicable. (NOTE FILE NOW!! After MAY 1, 201 Make Check Payab					IS \$150.0 will be \$5	50.00	10. Election Campaign Financing Trust Fund Contribution.		D May Be to Fees	
11.		OFFICERS AND [DIRECTORS	12.		A	DDITIONS/CHANGES TO OFFICERS AND DI	RECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWER, 101 SHAD SARASOT	y PKWY	☐ Delete	STREET ADDRESS 76		Browe	r, Mark A. Partridge St. Circle	Change	Addition 7	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete BROWER, SHERRY L.				E Et address -st-zip	Bradenton, FL 34202 D Brower, Sherry L. 7650 Partridge St. Circle Bradenton, FL 34202			Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		í	- Draue		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		I] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					E Et address -ST-ZIP] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		J] Change	Addition	

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 or 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-01 (941) 351-1692