

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # 65-0141589-112102
1. Entity Name
MARK Brower Construction Inc.

02 OCT 29 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6304 Butlers Crest
Suite, Apt. #, etc.

3. Mailing Address
6304 Butlers Crest Dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Bradenton, FL 34203
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Bradenton, FL 34203
4. FEI Number
65-0141589
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Greg H Lee PA
Street Address (P.O. Box Number is Not Acceptable)
2014 4th St.
SARASOTA, FL
City
SARASOTA, FL FL Zip Code
34237

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
MARK Brower
6304 Butlers Crest Dr.
Bradenton, FL 34203

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

200008682482
10/29/02--01155--001 **150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Secretary
Sherry Brower
6304 Butlers Crest Dr.
Bradenton, FL 34203

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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10/29/02--01155--002 **150.00

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-1-02 (941) 755-0761
Date Daytime Phone #

CR2E034B (12/01)