

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L64766

1. Entity Name

BROWN'S IRRIGATION INC.



APPROVED  
AND  
FILED

03 APR 21 AM 4:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

300015327433  
04/07/03--01002--022 \*\*150.00

2. Principal Place of Business

3. Mailing Address

9035 SHALLOWFORD LN.

SAME.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PORT RICHEY, FL. 34668

"

CITY & STATE

"

Zip

Zip

34668

"

COUNTRY

COUNTRY

PASCO

"

4. FEI Number

59-3000-685

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name MARGARET E BROWN

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

9035 SHALLOWFORD LN.

CITY PORT RICHEY FL Zip Code 34668

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 Margaret E Brown

4/14/03

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PRES.
NAME	JOHN F BROWN II
STREET ADDRESS	11425 NATURE TRAIL Blvd.
CITY-ST-ZIP	PORT RICHEY FL. 34668
TITLE	V. PRES.
NAME	MARGARET E BROWN
STREET ADDRESS	9035 SHALLOWFORD LN.
CITY-ST-ZIP	PORT RICHEY FL. 34668
TITLE	SEC. TRES.
NAME	PAM BRYANT
STREET ADDRESS	2410 EAGLE LAKE RD
CITY-ST-ZIP	N. PORT RICHEY FL. 34
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

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

SIGNATURE: MARGARET BROWN

Margaret Brown

4-06-03

8426675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)