

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000146

1. Entity Name
T. & K. BROWN, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -4 PM 1:23

Principal Place of Business
11720 SHELDON ROAD
TAMPA FL 33625

Mailing Address
11720 SHELDON ROAD
TAMPA FL 33626-4317



2. Principal Place of Business
10720 Montague Street

3. Mailing Address
10720 Montague Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tampa, FL

4. FEI Number **59-3364553**

Applied For Not Applied

Zip Country
33626 Hillsborough

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, TOM F SR
11720 SHELDON ROAD
TAMPA FL 33625

Name
Tom F. Brown, Sr.

Street Address (P.O. Box Number is Not Acceptable)
10720 Montague Street

City
Tampa FL 33626

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 **Tom F. Brown, Sr.** **1/14/00**

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

MGRM
BROWN, TOM F SR
11720 SHELDON ROAD
TAMPA FL 33625

Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

MGRM
Tom F. Brown, Sr.
10720 Montague Street
Tampa, FL 33626

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

MGRM
BROWN, KATHERINE C
11720 SHELDON ROAD
TAMPA FL 33625

Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

MGRM
Katherine C. Brown
10720 Montague Street
Tampa, FL 33626

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

MGR
LAUGHRIDGE, ANNA K
7801 PINEVIEW DRIVE
ODESSA FL 33556

Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

600003129636--6
-02/09/00--01137--015
*******50.00 *****50.00**

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

Delete

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:

Tom F. Brown Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Tom F. Brown Sr. 1/14/00 (813)9205

Date Daytime Phone #