

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002344

1. Entity Name
BROWN-19, LLC

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
121 N. OSCEOLA AVENUE
CLEARWATER FL 33755

Mailing Address
121 N. OSCEOLA AVENUE
CLEARWATER FL 33755-4039

2. Principal Place of Business

3. Mailing Address PO Box 509

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Clearwater, FL 33757-0509

4. FEI Number 59-3548522

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, JARED D
121 N. OSCEOLA AVENUE
CLEARWATER FL 33755

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME BROWN, JARED D
STREET ADDRESS 121 N. OSCEOLA AVENUE
CITY-ST-ZIP CLEARWATER FL 33755 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800003103838--5
-01/20/00--01020--015
*****55.00 *****55.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

I, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1-4-00

Date

727-443-6488

Daytime Phone #

CR2E083 (9/99)