

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90222 008 ****50.00

DOCUMENT # L98000002344

1. Entity Name
BROWN-19, LLC

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

Mailing Address
**P.O. BOX 509
 CLEARWATER FL 33757-0509**

966693



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
17757 US Hwy 19 N.

3. Mailing Address
17757 US Hwy 19 N.

Suite, Apt. #, etc.
Suite 325

Suite, Apt. #, etc.
Suite 275

City & State
Clearwater FL

City & State
Clearwater FL

Zip
33764

Country
US

Zip
33764

Country
US

4. FEI Number
59-3548522

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Jared D. Brown
 Street Address (P.O. Box Number is Not Acceptable)
**17757 US Hwy 19 N.
 Suite 325**
 City
Clearwater FL Zip Code
33764

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
Jared D. Brown

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/02
 DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, JARED D 121 N. OSCEOLA AVENUE CLEARWATER FL 33755	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, ROBERT 121 N. OSCEOLA AVENUE CLEARWATER FL 33755	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCMULLEN, DONNA 121 N. OSCEOLA AVENUE CLEARWATER FL 33755	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, HERBERT G 121 N. OSCEOLA AVENUE CLEARWATER FL 33755	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARNOLD, DEBORAH 121 N. OSCEOLA AVENUE CLEARWATER FL 33755	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Jared Brown 17757 US Hwy 19 N, suite 325 Clearwater FL 33764	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Robert Brown 17757 US Hwy 19 N, suite 325 Clearwater FL 33764	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Donna McMullen 17757 US Hwy 19 N, suite 325 Clearwater, FL 33764	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Herbert G. Brown 17757 US Hwy 19 N, suite 325 Clearwater FL 33764	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Deborah Arnold 17757 US Hwy 19 N, suite 325 Clearwater, FL 33764	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (9/01)

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

727-443-6488