2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003421

1. Entity Name
STEVE BROWN ETC., L.C.

0004839 AF

Principal Place of Business	Mailing Address
539 VERSAILLES DRIVE	539 VERSAILLES DRIVE
MAITLAND FL 32751	MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number **59-3584797**   Applied For / Not Applicable

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
HATCHER, STEPHEN B ESQ. 315 E. ROBINSON STREET, SUITE 600 ORLANDO FL 32801	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 _____   DATE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

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

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1000036570221--5
-02/08/01--01015--018
*****55.00  *****55.00
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9.	MANAGING MEMBERS / MEMBERS		10.	ADDITIONS / CHANGES		
TITLE **MGR** NAME **REV. STEVE BROWN** STREET ADDRESS **539 VERSAILLES DRIVE** CITY-ST-ZIP **MAITLAND FL 32751**		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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CR2E083 (11/00)

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: _____ 1/30/01   407 539-0001

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #