## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 26, 2001 8:00 am Secretary of State **DOCUMENT # M21185** 1. Entity Name BROWN ENGINEERING AND CONSTRUCTION COMPANY, INC. 04-26-2001 90305 022 \*\*\*150.00 Principal Place of Business Mailing Address 109 WEST PALMETTO ROAD 109 WEST PALMETTO ROAD LAKE WORTH FL 33467 LAKE WORTH FL 33467 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2593291 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANDERSON, MALCOLM Street Address (P.O. Box Number is Not Acceptable) 324 DATURA STREET, SUITE #112 WEST PALM BEACH FL 33401 Zin Code Fl. 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PCD** TITLE ☐ Delete TITLE Change Addition BROWN, WILLIAM JR. NAME NAME STREET ADDRESS 109 W. PALMETTO RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL TITLE ☐ Delete TITLE Change Addition BROWN, PATRICIA B. NAME MAME STREET ADDRESS 109 W. PALMETTO RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL TITLE ☐ Delete TITLE Change ■ Addition BROWN, KEVIN W. NAME NAME STREET ADORESS 109 W. PALMETTO RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LAKE WORTH FL TITLE ☐ Delete TERE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7I2 TITLE ☐ Delete TITLE Change Addition MAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/01 561-967-0523