

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 14, 2000 8:00 am**  
**Secretary of State**

06-14-2000 90005 035 \*\*\*150.00

DOCUMENT # *M48369 R*  
 1. Entity Name  
*R.A. BROWN & SON, Electric Co., INC.*

Principal Place of Business Mailing Address  
*1105 WAXHAW INDIAN TR RD Unit 280-G MATTHEWS, NC 28105 US*      *1105 WAXHAW INDIAN TRAIL Rd Box 109 MATTHEWS NC 28105*

2. Principal Place of Business 3. Mailing Address  
*1105 WAXHAW INDIAN TRAIL Rd Unit 280G MATTHEWS, NC 28105 US*      *1105 WAXHAW INDIAN TRAIL Rd Box 109 MATTHEWS, NC 28105 US*

*00064321*

DO NOT WRITE IN THIS SPACE

4. FEI Number *59-278 5148* Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
*BROWN, FLORENCE*  
*4031 NW 36 Terr*  
*Lauderdale Lakes, Fla. 33309*

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State** 10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PVS BROWN, Richard A.</i> <i>9003 Huntsmaster Place</i> <i>WAXHAW, NC 28173</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Richard A. Brown* *6-05-00* *704-491-1193*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)