## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P0000009700 BROWN'S AUTOMOTIVE, INC. 04-17-2001 90010 006 \*\*\*150 00 8 Principal Place of Business Mailing Address 1198 E. BAY DR. 1198 E. BAY DR. LARGO FL 33770 LARGO FL 33770 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 59-3623385 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 BROWN, DEBRA L Street Address (P.O. Box Number is Not Acceptable) 1198 E. BAY DR. **LARGO FL 33770** 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. DATE (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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, 12. President ☐ Addition TITLE ☐ Delete TITLE Larry K. Brown NAME 1198 E. Bay Dr. 9286 54/h. 5+. N. STREET ADDRESS STREET ADDRESS Pinellas Park, Largo FL 33770 CITY-ST-ZIP CITY-ST-ZIP V-Pres, Secy, Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS 1198 E. Bay Dr. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change -☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

CITY-ST-7IP

- Debra L. Brawn / 4/13/01 (727)58

Daytime Phone #