

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000055817****1. Entity Name**
BROWN & JOHNSTON, INC.

Principal Place of Business

**2893 BIG SKY BLVD
KISSIMMEE FL 34744**

Mailing Address

**2893 BIG SKY BLVD
KISSIMMEE FL 34744****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**59-3652841**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****JOHNSTON, ROBERT D
2893 BIG SKY BLVD
KISSIMMEE FL 34744****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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its IntangibleTax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00****After May 1, 2002 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****TITLE** **D** ☐ Delete
NAME **JOHNSTON, ROBERT D**
STREET ADDRESS **2357 KINGS CREST RD**
CITY-ST-ZIP **KISSIMMEE FL 34744****TITLE** **D** ☐ Delete
NAME **BROWN, RICHARD D**
STREET ADDRESS **1825 VERA DR**
CITY-ST-ZIP **ST CLOUD FL 34771****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition**NAME**
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition**NAME**
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition**NAME**
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition**NAME**
STREET ADDRESS
CITY-ST-ZIP**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 D BROWN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/03/01

Daytime Phone #

407-433-7229**FILED**
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90009 013 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2034 (9/01)