

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 02, 2001 08:00 AM
Secretary of State

DOCUMENT # P0000055836

1. Entity Name
BROWNHILL ASSOCIATES, INC.

Principal Place of Business 4765-19 HODGES BOULEVARD PMB #316 JACKSONVILLE FL 32224	Mailing Address 4765-19 HODGES BOULEVARD PMB #316 JACKSONVILLE FL 32224
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2. Principal Place of Business 12151 ONE SPRINGMOOR CT	3. Mailing Address 12151 ONE SPRINGMOOR CT
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
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Zip 32225	Country US	Zip 32225	Country US
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4. FEI Number
59-3655619

Applied For	
Not Applicable	

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BROWN STEPHEN VJR.
BROWNHILL ASSOCIATES, INC.
3701 DANFORTH DRIVE #1311
JACKSONVILLE FL 322245232

7. Name and Address of New Registered Agent

Name
MAULDIN CYNTHIA P

Street Address (P.O. Box Number is Not Acceptable)
BROWNHILL ASSOCIATES, INC.

12151 ONE SPRINGMOOR CT

City
JACKSONVILLE FL Zip Code
32225

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 **CYNTHIA P MAULDIN**

03/02/2001

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 Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	<input type="checkbox"/> Delete	
NAME	BROWN STEPHEN VJR.		
STREET ADDRESS	3701 DANFORTH DRIVE #1311		
CITY-ST-ZIP	JACKSONVILLE FL 322245232		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN STEPHEN VJR.		
STREET ADDRESS	12151 ONE SPRINGMOOR CT		
CITY-ST-ZIP	JACKSONVILLE FL 32225		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: **Stephen V. Brown Jr**

D

03/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)