

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90164 038 ***150.00

DOCUMENT # P00000069233

1. Entity Name

BROWN PREMISE CABLE, INC.

Principal Place of Business

**ROUTE 15, BOX 50 C
 BALDWIN FL 32234**

Mailing Address

**ROUTE 15, BOX 50 C
 BALDWIN FL 32234**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

5103 North Orange Trail

Suite, Apt. #, etc.

5103 North Orange Trail

City & State

Baldwin FL 32234

City & State

Baldwin FL 32234

Zip

Country

32234 Baker

Zip

Country

32234 Baker

6. Name and Address of Current Registered Agent

**AKEL, DANIEL D
 2301 INDEPENDENT SQUARE
 ONE INDEPENDENT DRIVE
 JACKSONVILLE FL 32202**

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 Intangible Tax 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

D ☐ Delete
BROWN, ROBERT E
ROUTE 15, BOX 50 C
BALDWIN FL 32234

S ☐ Delete
BROWN, KAREN M
RT 15, BOX 50 C
BLADWIN FL 32234

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 APR 02 9046465272
 Date Daytime Phone #

CR2E034 (9/01)