2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000106730 DOCUMENT

1. Entity Name

GEORGE S. BROWN INC.



FILED Jul 17, 2003 8:00 am Secretary of State

07-17-2003 90026 021 ***555.00

_
0
_
4
N
σ.
ÓΠ
יט
•
⊣.

PROTECTION PRINCE OF DESIRES OF THE MARKET O											
Suite, Apt. f. etc. City & Sister City & Sister City & Sister Country Zip Country Zip Country Zip Country S. Certificate of Sistus Desirad \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	05132 MAGNOLIA RIDGE RD			05132 MAGNOLIA RIDGE RD							
City & State City & State City & State City & State A. FEI Number 59-0880647 Regulator Regulator	2. Principal Pl	ace of Busir	eess	3. Mailing Address							
The Language of Status Desired Statu	Suite, Apt.	#, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
S. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name BROWN, GEORGE S 05132 MAGNOLIA RIDGE RD FRUITAND PARK FL 34731 City City FL Zip Code City City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City C	City & State	;		City & State			4. FEI Number 59-3680647		- 		
BROWN, GEORGE S 05132 MAGNOLIA RIDGE RD FRUITLAND PARK FL 34731 City FL Zip Code C	Zip Country			Zip Country		try	5. Certificate of Status Desired				
BROWN, GEORGE S 05132 MAGNOLIA RIDGE PD FRUTHAND PARK FL 34731 City FL Zip Code 6. 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. I am familiar with, and accept the publications of registered agent and store if applicable. SIGNATURE SSS.00 May 96 Added to Fees Adde	6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent										
SIGNATURE STREET ADDRESS ORTH ST-2PP TILE NAME STREET ADDRESS ORTH ST-2PP TILE TILE ORTH ST-2PP TILE TIL						Name					
FRUITLAND PARK FL 34731 8. The above named entity submits its statement for the purpose of changing its registrored agent, or both, in the State of Fiorida. I am farmiliar with, and accept the pobligations of registrered agent. Special signature recursed agent, or both, in the State of Fiorida. I am farmiliar with, and accept the pobligations of registrered agent. FILL NOW!!! FEE is SS50.00 May Be Added to Fees Specially FEE is SS50.00 May Be Added to Fees May Be to Fiorida Department of State After September 10, 2003 'Fee will be \$750.00 Make Check Payable to Fiorida Department of State 10. OFFICERS AND DIRECTORS IN 11 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. MAKE BROWN, GEORGE S 05132 MAGNOLIA RIDGE RD FRUITLAND PARK FL 34731 11. NAME STREET ADDRESS 071Y-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. NAME STREET ADDRESS 071Y-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. NAME STREET ADDRESS 071Y-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. NAME STREET ADDRESS 071Y-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. NAME STREET ADDRESS 071Y-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. NAME STREET ADDRESS 071Y-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. NAME STREET ADDRESS 071Y-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. NAME STREET ADDRESS 071Y-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. NAME STREET ADDRESS 071Y-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. NAME STREET ADDRESS 071Y-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. NAME STREET ADDRESS 071Y-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. NAME STREET ADDRESS 071Y-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. NAME STREET ADDRESS 071Y-ST-2P 11. ADDITIONS/CHAN						Street Address	s (P.O. Box Number is Not Acceptable)				
B. 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. I am familiar with, and accept thosphilipations of registered agent. SIGNATURE SIGNATU			9.8								
SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Floridad Department of State 10.	₩					City		FL	Zip Code	е	
SIGNATURE Supremon typed of printed general agent and stor if applicable. (NOTE Registation Agent signature required when remotisting) DATE	the poligations of registered agent.										
After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS	SIGNATURE										
TITLE: NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	After September 10, 2003 Fee will be \$750.00								\$5.0 Added	May Be to Fees	
TITLE: NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	10.		. OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICE	RS AND I	DIRECTORS	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	TITLE	PD	,		TITLE						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			GEORGE S	L DOIGE							
CITY-ST-ZIP FRUITLAND PARK FL 34731 TITLE NAME SIREET ADDRESS CITY-ST-ZIP SIREET ADDRESS CITY-ST-ZIP TITLE SIRET ADDRESS CITY-ST-ZIP TITLE SIRET ADDRESS CITY-ST-ZIP TITLE SIRET ADDRESS CITY-ST-ZIP TITLE SIRET ADDRESS CITY-ST-ZIP TITLE									' }		
TITLE											
NAME STREET ADDRESS CITY-ST-ZIP CITY									Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE Defelé TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defelé TITLE NAME STREET ADDRESS CITY-ST-ZIP Defelé TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ţ	-		□ Delete	•	- 1			change	☐ Addison	
CITY-ST-ZIP	· ·	<u>, </u>									
NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP				CITY	-ST-ZIP				[
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE ** * **	4	Carried Control of the Control	□ Delete	TITLE	- ,	The second second second second		☐ Change	Addition	
CITY-ST-ZIP	NAME				NAM	.				ſ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS				STRE	ET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP				CITY	-ST-ZIP				}	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE			☐ Delete	TITLE	· ·			☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	NAME				NAMI	<u> </u>				{	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS				STRE	ET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP				CITY	-ST-ZIP				}	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE			☐ Delete	TITLE				☐ Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	NAME				NAM	Ē				}	
TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE Addition NAME CITY-ST-ZIP	STREET ADDRESS				STRE	ET ADDRESS				Ì	
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP				CITY	-ST-ZIP				j	
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE			☐ Delete	TITLE				☐ Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP	NAME				NAM						
	1					i i					

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

7-10-63