


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90158 037 \*\*\*150.00

10075663

DOCUMENT # <i>P00000108249</i>	
1. Entity Name <i>LAW OFFICES OF IAN BROWN, P.A. ✓</i>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <i>1882 Capital Circle, N.E.</i>	3. Mailing Address <i>1882 Capital Circle, N.E.</i>
Suite, Apt. #, etc. <i>Suite 103</i>	Suite, Apt. #, etc. <i>Suite 103</i>
City & State <i>Tallahassee, FL.</i>	City & State <i>Tallahassee, FL.</i>
Zip <i>32308</i>	Zip <i>32308</i>
Country <i>U.S.A.</i>	Country <i>U.S.A.</i>

DO NOT WRITE IN THIS SPACE

4. FEI Number <i>59-3682792</i>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <i>IAN BROWN</i>	
	Street Address (P.O. Box Number is Not Acceptable) <i>1882 Capital Circle, N.E.</i>	
	Suite <i>103</i>	
	City <i>Tallahassee</i>	FL <i>32308</i>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE *4/15/03*

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT, DIRECTOR IAN BROWN 1882 Capital Circle, N.E. Suite 103 Tallahassee, FL. 32308</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature] IAN BROWN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/15/03 (850) 386-7553*

CR3E034B (12/02)