## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P0100000248 1. Entity Name CMJ BROWN, INC. 04-26-2001 90146 007 \*\*\*150.00 Principal Place of Business Mailing Address 2311 ROGERS ROAD 2311 ROGERS ROAD LAKELAND FL 33813 LAKELAND FL 33813 2. Principal Place of Business 3. Mailing Address P.O. Box 440860 Suite: Apt. #, etc. C/O BFT City & State City & State Applied For 7091547 Not Applicable Aurora, CO Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Ade (1860) USA 7. Name and Address of New Registered Agent REHER, DEBORA C Street Address (P.O. Box Number is Not Acceptable) 2311 ROGERS ROAD LAKELAND FL 33813 City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE ☐ Addition NAME NAME BROWN, CHARLES STREET ADDRESS STREET ADDRESS 3522 BAPAUME AVE CHY-ST-ZIP CITY-ST-ZIP NORFOLK VA 32509 ☐ Delete TITLE TITLE Change Change Addition **VPD** NAME ENGLEDOW, LEWIS E NAME Engledow, Lewis E. STREET ADDRESS STREET ADDRESS 3083 S ANDES ST 1610 E. Michelle Dr. CITY-ST-ZIP CITY-ST-ZIP AURORA CO 80014 Phoenix, AZ 85022 Change TITLE TITLE STD ☐ Delete Addition STD NAME NAME REHER, DEBORAH C Reher, Debora C. STREET ADDRESS STREET ADDRESS 12311 E CORNELL AVE #23 P.O. Box 440860 CITY-ST-ZIP CITY-ST-7IP AURORA CO 80014 Aurora, CO 80014-0860 TITLE ☐ Defete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY - ST - ZIP

CITY - ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR