## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 29, 2002 8:00 am Secretary of State **DOCUMENT #** P01000002447 05-06-2002 90290 028 \*\*\*150 00 1. Entity Name BROWNING ELECTRICAL, INC. Principal Place of Business 8340 Mailing Address 408 CHINA BERRY LN 408 CHINA BERRY LN HAVANA FL 32333 HAVANA FL 32333 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3691825 Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROWNING, JOHN H Street Address (P.O. Box Number is Not Acceptable) 408 CHINA BERRY LN HAVANA FL 32333 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filling requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11, OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE President NAME .... □ Change ☐ Addition (9/01) 五字。 NAME John H. Browning STREET ADDRESS 408 China Berry Lane STREET ADDRESS CITY-ST-ZIP CR2E034 CITY-ST-ZIP <u> Havana, Fl 32333</u> TITLE ☐ Delete V. President Julie Browning 408 China Berry Lane :Change ■ Addition NÅME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Havana Fl 32333 -TITLE. . Delete \_\_ TITLE NAME\_ ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CUTY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change NAME ☐ Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF City-St-ZIP TITLE Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 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.

4-23-02

850-534-0536 Daytime Phone #

FILED

SIGNATURE: