2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000002447 **DOCUMENT #**

1. Entity Name

BROWNING ELECTRICAL, INC.



FILED Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90736 035 ***150.00

			WE TO			
Principal Place of Business 408 CHINA BERRY LN HAVANA FL 32333		Mailing Address 408 CHINA BERRY LN HAVANA FL 32333				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING	CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-3691825	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered	Agent	
PROMAINA JOHN H			Name	Name		
BROWNING, JOHN H			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
408 CHINA BERRY LN HAVANA FL 32333						
IIMAMIAM	FL 32333					
			City	FL	Zip Code	
8. The above the obligation	e named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office or regist	tered agent, or both, in the State of Florida. I am f	amiliar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO)	E: Registered Agent signature requi	ired when reinstating) DATE		
· · · · · · · · · · · · · · · · · · ·	ILE NOW!!! FEE IS \$150.00			DAIL.		
	r May 1, 2003 Fee will be \$550.00			9. Election Campaign Financing	\$5.00 May Be	
Mak+ Checi	k Payable to Florida Department o	f State		Trust Fund Contribution.	Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS	BROWNING, JOHN H 408 CHINA BERRY LANE		NAME			
CITY-ST-ZIP	HAVANA FL 32333		STREET ADDRESS CITY-ST-ZIP			
TITLE	VP	Delete	TITLE		☐ Change ☐ Addition	
NAME	BROWNING, JULIE	L Delete	NAME		Change Addition	
STREET ADDRESS	408 CHINA BERRY LANE		STREET ADDRESS			
CITY-ST-ZIP	HAVANA FL 32333		CITY-ST-ZIP		.	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS		- et a september sept	NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
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CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME			
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	,		
TITLE	<u> </u>	☐ Delete	TITLE		Change Change	
NAME		L Defete	NAME	•	Change Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP	·		
12. I hereby o	ertify that the information supplied with	this filing does not qualify for	the exemption stated in S	Section 119.07(3)(i), Florida Statutes. I further certi	fy 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.

<u>850-539-0536</u>