

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State
 03-11-2002 90055 050 ***150.00

UNIFORMS A1

DOCUMENT # P01000010145

1. Entity Name
BROWN MOUNTAIN, INC.

Principal Place of Business

**PO BOX 3811
 PENSACOLA FL 32516**

Mailing Address

**PO BOX 3811
 PENSACOLA FL 32516**



2. Principal Place of Business

7505 Jackson St
 Suite, Apt. #, etc.

3. Mailing Address

Brown Mountain, Inc
 Suite, Apt. #, etc.
P.O. Box 3811

DO NOT WRITE IN THIS SPACE

City & State

Pensacola, FL

City & State

Pensacola, FL

4. FEI Number

593-69-5161

Applied For

Not Applicable

Zip

32506

Country

U.S.A.

Zip

32516

Country

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

IWATA, DANIEL M
7931 CHESTERFIELD ROAD
PENSACOLA FL 32508

7. Name and Address of New Registered Agent

Name **Iwata, Daniel M**

Street Address (P.O. Box Number is Not Acceptable)

7505 W. Jackson St.

City **Pensacola**

FL

Zip Code **32506**

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 Tax filing requirement and elects to do so. (See criteria on back)



FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **IWATA, DANIEL M**
 STREET ADDRESS **PO BOX 3811**
 CITY-ST-ZIP **PENSACOLA FL 32516**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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.

SIGNATURE: **Daniel M Iwata**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/02 (850) 452-4515
 Daytime Phone # **8363**

CR2E034 (9/01)