

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90331 006 ***150.00

DOCUMENT # P01000024229

1. Entity Name
CK BROWNING & ASSOCIATES, INC.

Principal Place of Business

**3822 REGENTS WAY
 OVIEDO FL 32765**

Mailing Address

**3822 REGENTS WAY
 OVIEDO FL 32765**

2. Principal Place of Business

992 Sleeping Rock Ct.
 Suite, Apt. #, etc.

3. Mailing Address

992 Sleeping Rock Ct.
 Suite, Apt. #, etc.

City & State

Winter Springs, FL

City & State

Winter Springs, FL

Zip
32708

Country
Seminole

Zip
32708

Country
Seminole

4. FEI Number

59-3703871

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BROWNING, CAROL K
 3822 REGENTS WAY
 OVIEDO FL 32765**

7. Name and Address of New Registered Agent

Carol K. Browning
 Street Address (P.O. Box Number is Not Acceptable)
992 Sleeping Rock Ct.
 City **Winter Springs** **FL** Zip Code **32708**

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 **D** ☐ Delete
 NAME **BROWNING, CAROL K**
 STREET ADDRESS **3822 REGENTS WAY**
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **D** ☐ Delete
 NAME **BROWNING, EDWARD E**
 STREET ADDRESS **3822 REGENTS WAY**
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **D** ☐ Delete
 NAME **GOLDSTEIN, AMANDA**
 STREET ADDRESS **3822 REGENTS WAY**
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE: **CAROL BROWNING**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 **407-359-8888**
 Date Daytime Phone #

CR2E034 (9/01)