

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90135 014 ***150.00

DOCUMENT # P01000024229

1. Entity Name
CK BROWNING & ASSOCIATES, INC.



Principal Place of Business
**992 SLEEPING ROCK CT.
WINTER SPRINGS, FL 32708**

Mailing Address
**992 SLEEPING ROCK CT.
WINTER SPRINGS, FL 32708**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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
992 SLEEPING ROCK CT.
WINTER SPRINGS, FL 32708**

7. Name and Address of New Registered Agent

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Carol Browning
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when amending)

5/19/03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BROWNING, CAROL K	
STREET ADDRESS	3822 REGENTS WAY	992 Sleeping Rock Ct
CITY-ST-ZIP	OWIEDO, FL 32765	Winter Springs, FL 32708
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWNING, EDWARD E	
STREET ADDRESS	3822 REGENTS WAY	992 Sleeping Rock Ct
CITY-ST-ZIP	OWIEDO, FL 32765	Winter Springs, FL 32708
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, AMANDA	
STREET ADDRESS	3822 REGENTS WAY	18531 1st Avenue
CITY-ST-ZIP	OWIEDO, FL 32765	Orlando, FL 32826
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

5/19/03
Date

407-359-8858
Daytime Phone #

CR2E034 (10/02)