

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000058903

1. Entity Name

BILL BROWN INVESTIGATIONS, INC.

Principal Place of Business

9829 MORRIS BRIDGE RD
TAMPA FL 33637

Mailing Address

9829 MORRIS BRIDGE RD
TAMPA FL 33637

2. Principal Place of Business

2538 W MARYLAND AVE

3. Mailing Address

2538 W MARYLAND AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33629

Zip

33629

Country

USA

4. FEI Number

59-3723233

Applied For

Not Applicable

BROWN, WILLIAM D
9829 MORRIS BRIDGE RD
TAMPA FL 33637

Country

USA

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

Name

SAME

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

2538 W MARYLAND AVE

City

TAMPA

FL

Zip Code
33629

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: *William D Brown*

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 State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PRESIDENT, DIRECTOR, STREAS. Delete
NAME: WILLIAM D BROWN
STREET ADDRESS: 2538 W MARYLAND AVE
CITY-ST-ZIP: TAMPA FL 33629TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE: SECRETARY Delete
NAME: SUZANNE M. BROWN
STREET ADDRESS: 2538 W MARYLAND AVE
CITY-ST-ZIP: TAMPA, FL 33629TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

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: *William D Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

48-12

88-3406225

Date

Daytime Phone #

CR2E034 (9/01)