

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000071640**

1. Entity Name

BROWNS WELDING, INC.**FILED**

03 MAR 21 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business

RT 2 BOX 884
CLEWISTON FL 33440

Mailing Address

RT 2 BOX 884
CLEWISTON FL 33440

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1120704

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

BROWN, FRANCINERT 2 BOX 884
CLEWISTON FL 33440

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when terminating)

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

Per conversation mail
in 2002 report before may 1
deadline but never heard anything
from it

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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

100015743581

04/11/03-01013-002 **300.00

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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. 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 on Block 11 or Block 12 or changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Francine Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

7-25-02

Page 2 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000071640			
1. Corporation Name Browns Welding Inc.			
2. Principal Office Address Rt. 2 Box 664 Suite, Apt. #, etc.		3. Mailing Office Address Rt. 2 Box 664 Suite, Apt. #, etc.	
City & State Clewiston, FL		City & State Clewiston, FL	
Zip 33440	Country United States	Zip 33440	Country United States
4. Date Incorporated or Qualified To Do Business in Florida		7/18/2001	
5. FEI Number 65-1120704		Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Brown, Francine			
Street Address (P.O. Box Number is Not Acceptable) Rt. 2 Box 664			
Suite, Apt. #, Etc.			
City Clewiston		State FL	Zip Code 33440
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent <u>Francine Brown</u>		Date <u>8/27/03</u>	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Jesse Brown	Rt. 2 Box 664	Clewiston, FL. 33440
VP	Francine Brown	Rt. 2 Box 664	Clewiston, FL. 33440
02-03			
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE:			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E081 (10/02)