FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90352 008 ***150.00

DOCUMENT # P010000 74254

1. Entity Name
Brown + Joseph Company
dba Brown + Joseph, Ltd.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
807 W. Morse Blvd.	807 W. Morse Blvd.
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
City & State Winter Park, FL	City & State Winter Park, FL
Zip 32789 Country USA	Zip 32789 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3737468 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Albert R. Cook

Street Address (P.O. Box Number is Not Acceptable): 5250 S. US Hwy 17-92

City: Casselberry, FL Zip Code: 32707

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P/T/D
NAME	Kevin Walsh
STREET ADDRESS	807 W. Morse Blvd, #200
CITY-ST-ZIP	Winter Park, FL 32789
TITLE	V/P/S/D
NAME	David Clark
STREET ADDRESS	807 W. Morse Blvd., #200
CITY-ST-ZIP	Winter Park, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B(12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: David Clark DAVID Clark V/P/S/D. 4-29-02 407-628-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #