

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90106 005 ***150.00

0085758 AV

DOCUMENT # P01000074294

1. Entity Name

BROWNCONCEPTS, INC.

Principal Place of Business

3168 WINDING PINE TRAIL
LONGWOOD FL 32779

Mailing Address

3168 WINDING PINE TRAIL
LONGWOOD FL 32779

2. Principal Place of Business

3168 Winding Pine Trl

3. Mailing Address

(same)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Longwood FL

City & State

(same)

Zip

32779 Seminole

Zip

(same)

Country

(same)

4. FEI Number

593734375

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, F SCOTT
3168 WINDING PINE TRAIL
LONGWOOD FL 32779

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.

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 | <input type="checkbox"/> Delete |
| NAME | BROWN, F SCOTT | |
| STREET ADDRESS | 3168 WINDING PINE TRAIL | |
| CITY-ST-ZIP | LONGWOOD FL 32779 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BROWN, THERESE R | |
| STREET ADDRESS | 3168 WINDING PINE TRAIL | |
| CITY-ST-ZIP | LONGWOOD FL 32779 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BROWN, RICHARD E | |
| STREET ADDRESS | 3168 WINDING PINE TRAIL | |
| CITY-ST-ZIP | LONGWOOD FL 32779 | |
| 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 | | |

12. 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 | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/02 (407) 805-3200

CR2E034 (9/01)