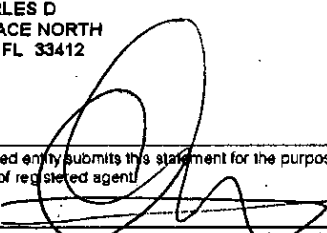
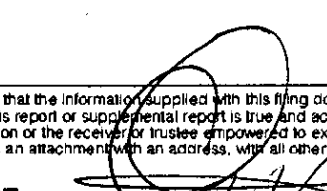


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91523 048 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

10000000

DOCUMENT # P02000025157					
1. Entity Name BROWN FREIGHT CONTRACTORS, INC.					
Principal Place of Business 13462 78TH PLACE NORTH W. PALM BCH, FL 33412			Mailing Address 13462 78TH PLACE NORTH W. PALM BCH, FL 33412		
2. Principal Place of Business 5246 Canal Cir W Suite, Apt. #, etc.		3. Mailing Address 5246 Canal Circle West Suite, Apt. #, etc.			
City & State LANTANA FL		City & State LANTANA, FL		4. FEI Number 75-3007748 Applied For Not Applicable	
Zip 33467 Country		Zip 33467 Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, CHARLES D 13462 78TH PLACE NORTH W. PALM BCH, FL 33412			7. Name and Address of New Registered Agent Name Charles D Brown Street Address (P.O. Box Number Is Not Acceptable) 5246 CANAL CIRCLE WEST City LANTANA FL Zip Code 33467		
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  DATE 4/23/03 Signature, typed or printed name of registered agent and date applicable. (NOTE: Registered Agent's signature required when submitting.)					
SIDE NEW!!! 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, CHARLES D 13462 78TH PLACE NORTH W. PALM BCH, FL 33412	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Charles D Brown 5246 Canal Circle West LANTANA, FL 33467	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:  DATE 4/23/03					

CR2E034 (10/02)