

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 10, 2003 8:00 am**  
**Secretary of State**

09-10-2003 90050 024 \*\*\*550.00

DOCUMENT # *P02000031345*

1. Entity Name

*Scott Brown Construction, Inc.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*357 Notre Dame Dr.*

3. Mailing Address

*(Same)*

Suite, Apt. #, etc.

*Alta Monte Springs*

Suite, Apt. #, etc.

City & State

*FL*

City & State

Zip

*32714*

Country

*USA*

Zip

Country

4. FEI Number

*01-0634697*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

*Scott Brown*

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

*357 Notre Dame Dr.*

City

*Alta Monte Springs*

FL

Zip Code

*32714*

**DO NOT WRITE  
IN THIS SPACE**

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

*Scott Brown*

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

*Sep 5, 03*

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

*President*

*Scott Brown*

*357 Notre Dame Dr. Alta Monte Springs*

*32714*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

*Vice President*

*Glen Trent*

*2075 Howell Branch Rd #8*

*Maitland FL 32751*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

*Secretary*

*Ralph Russell*

*604 Dail Dr. Ayala Park, FL*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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 on an attachment with an address, with another like empowered.

SIGNATURE:

*Scott Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sep 5, 03*

DATE

Daytime Phone #

CR2E034B (12/02)