

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90140 006 \*\*\*158.75

**DOCUMENT # P02000099114**

1. Entity Name  
**BROWN LANDSCAPE MANAGEMENT INC**



Principal Place of Business  
**2743 SW HAMILTON AVE  
PORT SAINT LUCIE FL 34987**

Mailing Address  
**2743 SW HAMILTON AVE  
PORT SAINT LUCIE FL 34987**

2. Principal Place of Business  
**1337 SE Biltmore St.**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 12268**  
Suite, Apt. #, etc.

City & State  
**Port St. Lucie, FL**  
Zip  
**34983** Country  
**USA**

City & State  
**Fort Pierce, FL**  
Zip  
**34979** Country  
**USA**

4. FEI Number  
**61-1425497** Applied For  
Not Applicable  
5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required



☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**BROWN, DERON H  
2743 SW HAMILTON AVE  
PORT SAINT LUCIE FL 34987**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Stacey-Lyn Brown 2743 SW Hamilton Ave Port St. Lucie, FL 34987	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Deron H Brown 2743 SW Hamilton Ave Port St. Lucie, FL 34987	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/22/03 772-340-7500**  
Date Daytime Phone #

CR2E034 (10/02)