


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2003 8:00 am
Secretary of State

07-22-2003 90049 024 ***150.00

0123819 AT

DOCUMENT # P02000100731	
1. Entity Name BROWN CONSTRUCTION, INC. OF PONCE DE LEON	

Principal Place of Business 2376 CORINTH ROAD PONCE DE LEON FL 32455	Mailing Address 2376 CORINTH ROAD P.O. Box 64 PONCE DE LEON FL 32455
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2. Principal Place of Business Holmes Co. Corinth Rd. 2376	3. Mailing Address P.O. Box 64
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ponce De Leon, Fla.	City & State Ponce De Leon, Fla.
Zip 32455	Country USA
Country USA	Zip 32455
Country USA	Country USA

4. FEI Number 16-1635949	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent BROWN, OWEN CHUCK 2376 CORINTH ROAD P.O. Box 64 PONCE DE LEON FL 32455	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: Owen Chuck Brown / Owen Chuck Brown 7-17-03 Date
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FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, OWEN CHUCK 2376 CORINTH ROAD PONCE DE LEON FL 32455 <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	D BROWN, OWEN CRAIG 2376 CORINTH ROAD PONCE DE LEON FL 32455 <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	D POWERS, JOHN 2376 CORINTH ROAD PONCE DE LEON FL 32455 <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	D POWERS, AMANDA 2376 CORINTH ROAD PONCE DE LEON FL 32455 <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	D BROWN, JANICE 2376 CORINTH ROAD PONCE DE LEON FL 32455 <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: Owen Chuck Brown Pres. 7-17-03 / 858-956-4291 Date Daytime Phone #

CR2E034 (4/03)