

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2003 8:00 am
Secretary of State

05-05-2003 91763 041 ***150.00

DOCUMENT # P02000105415

1. Entity Name
PATRICK EVAN BROWN, P.A.



Principal Place of Business
7750 N.W. 6 STREET
PEMBROKE PINES FL 33024

Mailing Address
7750 N.W. 6 STREET
PEMBROKE PINES FL 33024

55048107

2. Principal Place of Business

3. Mailing Address

16185 NW 13 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PEMB PINES, FL

Zip

Country

33028

Country

USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name BROWN, PATRICK E

Street Address (P.O. Box Number is Not Acceptable)
16185 NW 13 STREET

City PEMBROKE PINES, FL FL Zip Code 33028

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

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

(NOTE: Registered Agent signature required when reinstating)

4/25/03
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

TITLE PRESIDENT
NAME PATRICK E. BROWN
STREET ADDRESS 16185 NW 13 ST
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE
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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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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 Block 11 if changed, or on an attachment with an address, with all or part like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 954-443-5292
Date Daytime Phone #

CR2E034 (10/02)