

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-25-2003 90087 036 ***150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL140010

DOCUMENT # P02000132247

1. Entity Name

SHIRLEY J. BROWN, P.A.



Principal Place of Business
5138 LAKEWOOD DR.
COOPER CITY FL 33330

Mailing Address
5138 LAKEWOOD DR.
COOPER CITY FL 33330



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
TWENEBOAH, KWAME 613 SW 76TH AVE. NORTH LAUDERDALE FL 33068				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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, SHIRLEY J			NAME			
STREET ADDRESS	5138 LAKEWOOD DR.			STREET ADDRESS			
CITY-ST-ZIP	COOPER CITY FL 33330			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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

Shirley J. Brown SHIRLEY J. BROWN

7/18/03

Date

Daytime Phone #

CR2E034 (4/03)

Attachment #

To Whom it may
Concern.
I am unable to
reach any one
on 850 488 9000

July 18, 2003

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Dear Sirs or Madam:

90146515
PO2000132247

I am now in receipt of this 2003 Uniform Business Report.

It also states that "This will serve as your 60 day notice that your corporation will be administratively dissolved/revoked and an additional \$600 reinstatement fee will be due if this uniform business report is not properly filed and the appropriate fee paid by September 10, 2003"

As per my telephone communication to your office, I was instructed to have the corporation send in an explanatory letter as to why the prior notice was never returned to your offices. The corporation did not receive the prior notice. As a result, that prior notice in question was never returned to your office. Please waive the late fee for non-filing of that notice. Enclosed is the original \$150.00 filing fee. Thank you.

Respectfully,


Shirley J. Brown P.A.

P02000132247
Shirley J. Brown P.A.
5138 Lakewood Drive
Cooper City, FL 33330-2626

I do not have
the FE #