

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000002368

1. Entity Name

BROWNING SALES COMPANY, INC.

Principal Place of Business

Mailing Address

HARVEY GREENE DR  
MADISON FL 32340  
US

P.O. BOX 688  
MADISON FL 32341-0688  
US

2. Principal Place of Business

HARVEY GREENE DR -  
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 1038  
Suite, Apt. #, etc.

City & State

MADISON FL

City & State

MADISON FL

4. FEI Number

59-3161879

Applied For

Not Applicable

Zip

32340

Country

MADISON

Zip

32341

Country

MADISON

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

BROWNING, MICHAEL G  
HARVEY GREENE DR  
MADISON FL 32340

Name

GENE R. BROWNING

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

RT 3 MADISON

City

MADISON

FL

Zip Code

32340

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.

SIGNATURE

Gene R Browning GENE R. BROWNING

4/27/2000

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

(NOTE: Registered Agent signature required when re-stating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BROWNING, MICHAEL G	
STREET ADDRESS	HARVEY GREENE DR	
CITY-ST-ZIP	MADISON FL	
TITLE	VST	<input type="checkbox"/> Delete
NAME	BROWNING, MARK	
STREET ADDRESS	FRALEIGH DR	
CITY-ST-ZIP	MADISON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENE R BROWNING	
STREET ADDRESS	RT 3	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	S.T. MARY KAY BROWNING	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY KAY BROWNING	
STREET ADDRESS	RT 3	
CITY-ST-ZIP	MADISON FL 32340	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Gene R Browning GENE R BROWNING 4/27/2000 850929-4631

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE