

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90228 047 \*\*\*150.00

0043610 AV

**DOCUMENT # P93000024399**

1. Entity Name  
**SUZANNE BROWNLESS, P.A.**



Principal Place of Business  
**1311-B PAUL RUSSELL RD.  
STE 201  
TALLAHASSEE FL 32301  
US**

Mailing Address  
**1311-B PAUL RUSSELL RD.  
STE 201  
TALLAHASSEE FL 32301  
US**

2. Principal Place of Business

**1975 Buford Blvd.**

3. Mailing Address

**1975 Buford Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Tallahassee, FL**

City & State

**Tallahassee, FL**

Zip

**32308**

Country

**U.S.**

Zip

**32308**

Country

**U.S.**

4. FEI Number

**59-3167665**

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

**BROWNLESS, SUZANNE  
1311-B PAUL RUSSELL ROAD  
SUITE 201  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name  
**BROWNLESS, SUZANNE**  
Street Address (P.O. Box Number is Not Acceptable)  
**1975 Buford Blvd.**  
City  
**Tallahassee, FL** Zip Code  
**32308**

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

TITLE **P** ☐ Delete  
NAME **BROWNLESS, SUZANNE**  
STREET ADDRESS **1131B PAUL RUSSELL RD STE 201**  
CITY-ST-ZIP **TALLAHASSEE FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **BROWNLESS, SUZANNE** ☒ Change ☐ Addition  
NAME **1975 BUFORD BLVD.**  
STREET ADDRESS **Tallahassee, FL**  
CITY-ST-ZIP **32308**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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

Date

Daytime Phone #

CR2E034 (10/02)