2003 FOR PROFIT CORPORATION

UN	IFOR	M BUSINE	SS REPOR	T ((JBR)	<u> </u>	Constant CO4-4-
DOCUMENT # P93000057652 1. Entity Name ROBERT H. BROWN, JR. ADJUSTING AND PROCESS SEICE INC.							Secretary of State 04-24-2003 90176 007 ***150.00
Principal Place of Business 4811 26 AVE W BRADENTON FL 34209 US			Mailing Address 4811 26 AVE W BRADENTON FL 34209 US				
2. Principal F	Place of Busin	ess	3. Mailing Address				T I HOUSE IN THE THE STATE AND THE STATE OF
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES
City & State			City & State				4. FEI Number 65-0430638 Applied For Not Applicable
Zip		Country	Zip	Coun	itry		5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name	and Address of Current I	Registered Agent		· • . · · • . • .		7Name and Address of New Registered Agent
BROWN, LESUE L 4811 26TH AVE W					Name Street Address (P.O. Box Number is Not Acceptable)		
BRADENTON FL 34209					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 \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of			tate .				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	- j	OFFICERS AND	DIRECTORS	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME	P, S, T BROWN, L 4811 26TH BRADENTO	AVE W	☐ Delete			5,1	T Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST BROWN, R 3708 27TH BRADENTO		Delete	•		VP Bon 6911 Bra	nny A. Lysiak 11 11th Aug. NW. adenton, Pl. 34209
.TITLE NAME STREET ADDRESS CITY-ST-ZIP	80117 6911 Brad	A. Lysiat N. W. chton, PL.	Delete .	NAM STRE	E E EET ADDRESS -ST-ZIP		Change . Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				☐ Change ☐ Addition
TITLE			☐ Delete	TITLE			☐ Change ☐ 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 impowered 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

NAME

CITY-ST-ZIP TITLE

STREET ADDRESS

CITY-ST-ZIP

Delete

941 792 2332

☐ Change

☐ Addition