

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**  
 03-27-2002 90036 040 \*\*\*150.00

**DOCUMENT # P93000085497**

1. Entity Name  
**M. C. BROWN TRUCKING INC.**

Principal Place of Business

**1301 CENTER ST.  
 OCOEE FL 34761  
 US**

Mailing Address

**1301 CENTER ST.  
 OCOEE FL 34761  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3228491**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BROWN, MERVIN  
 1301 CENTER STREET  
 OCOEE FL 34761**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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 ☐ Delete  
 NAME **DP BROWN, MERVIN**  
 STREET ADDRESS **1301 CENTER STREET**  
 CITY-ST-ZIP **OCOEE FL**

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

TITLE ☐ Delete  
 NAME **SDT BROWN, LINDA**  
 STREET ADDRESS **1301 CENTER STREET**  
 CITY-ST-ZIP **OCOEE FL**

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

TITLE ☐ Delete  
 NAME **D CROWE, CAROL**  
 STREET ADDRESS **703 RIDGEFIELD**  
 CITY-ST-ZIP **OCOEE FL**

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

TITLE ☒ Delete  
 NAME **D WITZLER, KAREN**  
 STREET ADDRESS **351 TIMBERIDGE CT**  
 CITY-ST-ZIP **ATHENS GA 30605**

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

TITLE ☐ Delete  
 NAME **D DELANEY, CONNIE**  
 STREET ADDRESS **304 FIRST ST.**  
 CITY-ST-ZIP **OCOEE FL 34761**

TITLE ☒ Change ☐ Addition  
 NAME **D Dehane, Connie**  
 STREET ADDRESS **905 Rainbow Lake Rd**  
 CITY-ST-ZIP **Boiling Springs S.C. 29316**

TITLE ☐ Delete  
 NAME **DV DOTY, MARTHA**  
 STREET ADDRESS **12336 SCOTTISH PINE LANE**  
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Change ☐ 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:

*Linda Brown*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/15/02**  
 Date

**407-656-6836**  
 Daytime Phone #

CR2E034 (9/01)