

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000029103

1. Entity Name
BROWN ROOFING, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90385 032 ***150.00

656569



DO NOT WRITE IN THIS SPACE

Principal Place of Business 141 W. CENTRAL AVENUE #14 WINTER HAVEN FL 33880 US	Mailing Address 141 W. CENTRAL AVENUE #14 WINTER HAVEN FL 33880 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-3239041	Applied For	
		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, SARAH JANE
517 HILLCREST DRIVE S.E.
WINTER HAVEN FL 33884

7. Name and Address of New Registered Agent

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 _____ (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, 2001 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

TITLE	ST	<input type="checkbox"/> Delete
NAME	BROWN, SARAH JANE	
STREET ADDRESS	141 W. CENTRAL AVENUE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	P	<input type="checkbox"/> Delete
NAME	BROWN, CARLIE	
STREET ADDRESS	141 W. CENTRAL AVENUE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	BROWN, CARLIE J	
STREET ADDRESS	141 W. CENTRAL AVENUE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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: Sarah Jane Brown 4-30-01 863-297-3842

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)