

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90320 008 \*\*\*158.75

**DOCUMENT # P94000076660**

1. Entity Name  
**PETER BROWN CONTRACTING, INC.**



Principal Place of Business  
**327 LOTUS PATH  
CLEARWATER FL 34616  
US**

Mailing Address  
**P O BOX 7963  
CLEARWATER FL 34618  
US**

2. Principal Place of Business

**1475 S. Belcher Rd.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Largo, FL**

City & State

Zip

**33771**

Country

**US**

Country

4. FEI Number

**59-3282477**

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

**MITCHELL, JUDY A  
327 LOTUS PASE  
CLEARWATER FL 33756**

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. 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 State**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MITCHELL, JUDY	
STREET ADDRESS	327 LOTUS PATH	
CITY-ST-ZIP	CLEARWATER FL 34616	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	VARGAS, EDUARDO M	
STREET ADDRESS	59 DOLPHIN DR	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	S	<input type="checkbox"/> Delete
NAME	HUNT, DARLENE	
STREET ADDRESS	7606 W GRAY ST #209	
CITY-ST-ZIP	TAMPA FL	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	STEWART, JOHN R	
STREET ADDRESS	7101 CAMEL ST	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRES 1-20-03**

Date

Daytime Phone #

**(727) 531-1466**

CR2E034 (10/02)