

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000004100

1. Entity Name

**BROWN'S SEPTIC TANK & LAND DEVELOPMENT INC.**

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90075 010 \*\*\*150.00

Principal Place of Business

Mailing Address

5167 CYPRESS CREST LANE  
 JACKSONVILLE FL 32226

5167 CYPRESS CREST LANE  
 JACKSONVILLE FL 32226-1965

2. Principal Place of Business

3. Mailing Address

826 East Port Rd  
 Suite, Apt. #, etc.

826 East Port Rd  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

59-3362030

Applied For

Not Applicable

Zip

Country

32218

Zip

Country

32218

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, LAWRENCE D**  
 5167 CYPRESS CREST LANE  
 JACKSONVILLE FL 32226

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BROWN, LAWRENCE D	5167 CYPRESS CREST LANE	JACKSONVILLE FL 32226	<input type="checkbox"/>
V	BROWN, KAREN M	5167 CYPRESS CREST LANE	JACKSONVILLE FL 32226	<input type="checkbox"/>
S	DEEN, RALPH R	13904 DENTON RD.	JACKSONVILLE FL 32226	<input checked="" type="checkbox"/> Delete NON Employee
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Signature Required*  
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-03-00

Date

904-714-4041

Daytime Phone #