2002 UNIFORM BUSINESS REPORT (UBR)

May 06, 2002 8:00 am Secretary of State **DOCUMENT #** P96000004100 1. Entity Name BROWN'S SEPTIC TANK & LAND DEVELOPMENT INC. 05-06-2002 90216 036 ***150 00 Principal Place of Business Mailing Address 826 EAST PORT RD 826 EAST PORT RD JACKSONVILLE FL 32218 JACKSONVILLE FL 32218 2. Principal Place of Business 3. Mailing Address Suite: Apt: #: etc: Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-3362030 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BROWN, LAWRENCE D** Street Address (P.O. Box Number is Not Acceptable) 5167 CYPRESS CREST LANE JACKSONVILLE FL 32226 City 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) 9._This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 **10.**≔Election:Campaign-Financing Tax filing requirement and elects to do so. \$5:00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE ☐ Change Addition BROWN, LAWRENCE D NAME NAME STREET ADDRESS 5167 CYPRESS CREST LANE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32226 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME Brown, Karen M NAME STREET ADDRESS RR 5 BOX 9255 STREET ADDRESS CITY-ST-ZIP HILLIARD FL 32046 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED