

5/1.

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2001 8:00 am
Secretary of State

05-14-2001 90055 002 ***159.00

DOCUMENT # P96000057611

1. Entity Name

~~LAURENCE BROWN & COMPANY, P.A.~~*BROWN, John, & Company, Inc.*

Principal Place of Business

Mailing Address

11055 NW 39TH ST
 STE 100
 SUNRISE FL 33351

11055 NW 39TH ST
 STE 100
 SUNRISE FL 33351

74011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4000 N. STATE ROAD 7
 Suite, Apt. #, etc.
 403

4000 N. STATE ROAD 7
 Suite, Apt. #, etc.
 403

CITY & STATE
 LAUDERDALE LAKES, FL

CITY & STATE
 LAUDERDALE LAKES, FL

FEI Number 65-0680646

Applied For

Not Applicable

Zip 33319
 Country USA

Zip 33319
 Country USA

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, LAURENCE R
 11055 NW 39TH ST
 SUNRISE FL 33351

Name
 Street Address (P.O. Box Number is Not Acceptable)

7120 NW 48TH COURT

CITY & STATE
 LAUDERDALE, FL

FL Zip 33319

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

Laurence Brown

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BROWN, LAURENCE R	
STREET ADDRESS	11055 NW 39TH ST STE 103	
CITY-ST-ZIP	SUNRISE FL 33351	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	BROWN, LAURENCE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7120 NW 48TH COURT	
CITY-ST-ZIP	LAUDERDALE, FL 33319	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVE JOHN	
STREET ADDRESS	570 SW 31ST AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	
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 information.

SIGNATURE:

Laurence Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-812-5515

CR2E034 (7/00)