2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State
05-05-2000 90113 049 ***150.00

DOCUMENT # P96000080922

1. Entity Name

BROWN GROUP, INC.

Principal Place of Business	Mailing Address
2614 LAKELAND HILLS BLVD. STE. 2 LAKELAND FL 33805 US	1436 HAMMOCK SHADE DR LAKELAND FL 33809-6621 US

new Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
DEBBIE'S FLOWERS	1507 Lakeland Hills BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 101
City & State: Lakeland	City & State: FL.
Zip: 33805 Country: POLK	Zip: Country:

4. FEI Number 59-3400742 ☐ Applied For ☐ Not Applicable

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
BARKER, HAROLD E DICESARE DAVIDSON & BARKER, PA 5640 S FLORIDA AVENUE LAKELAND FL 33813	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	OD BROWN, DEBRA 1436 HAMMOCK SHADE DR LAKELAND FL 33813	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, DEBRA A 1436 HAMMOCK SHADE DRIVE LAKELAND FL 33809	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: REQUIRED ______________________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)