

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90057 024 ***150.00

DOCUMENT # P96000103475

1. Entity Name
BROWN LABS, INC.

Principal Place of Business
296 HARTYES LN
ORMOND BEACH FL 32174
US

Mailing Address
296 HARTYES LN
ORMOND BEACH FL 32174
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3416523**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, WILLIAM ERVIN
296 HARTYES LN
ORMOND BEACH FL 32174

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, 2002 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 **DP** ☐ Delete
 NAME **BROWN, WILLIAM ERVIN**
 STREET ADDRESS **1343 CALLE DEL SOL CIRCLE**
 CITY-ST-ZIP **S. DAYTONA BEACH FL 32119**

TITLE **DP** ☒ Change ☐ Addition
 NAME **BROWN, WILLIAM ERVIN**
 STREET ADDRESS **296 HARTYES LANE**
 CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **DST** ☐ Delete
 NAME **BROWN, CAROLYN L**
 STREET ADDRESS **296 HARTYES LN**
 CITY-ST-ZIP **ORMOND BEACH FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DEV** ☐ Delete
 NAME **DIPIETRO, LOUIS**
 STREET ADDRESS **149 HARPER'S FERRY**
 CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE **DEV** ☒ Change ☐ Addition
 NAME **DIPIETRO, LOUIS**
 STREET ADDRESS **1343 CALLE DEL SOL CIRCLE**
 CITY-ST-ZIP **S. DAYTONA BEACH FL 32119**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE: **CAROLYN L. BROWN** *Carolyn L. Brown*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-02

1-877-519-4463

Date

Daytime Phone #

CR2E034 (9/01)