2000 UNIFORM BUSINESS REPORT (UBR)

an address, with all other

ED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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SIGNATURE:

FILED Feb 11, 2000 8:00 am Secretary of State DOCUMENT # **P97000055923** BROWN CONSULTING GROUP, INC. 02-11-2000 90036 011 ***150.00 Principal Place of Business Mailing Address 910 ALÓMA FAYE LANE 910 ALOMA FAYE LANE FT. WALTON BEACH FL 32547-3320 FT. WALTON BEACH FL 32547 DOOTLOOD 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3452671 Not Applied the Zip -----Country ------ Zip--- Country -----**\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BROWN, JEFFREY** Street Address (P.O. Box Number is Not Acceptable) 910 ALOMA FAYE LANE White the state of the control of FT. WALTON BEACH FL 32547 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. 1 2 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. TITLE ☐ Change Addition TITLE ☐ Delete BROWN, JEFF NAME NAME STREET ADDRESS STREET ADDRESS 910 ALOMA FAYE LANE CITY-ST-ZIP CITY-ST-ZIP FT WALTON BCH FL 32547 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS مــCITY-ST-ZIP :CITY=ST-ZIP 😓 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 expute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if