

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90348 042 ***150.00

DOCUMENT # P97000077982

1. Entity Name
BROWN PRODUCTS, INC.

Principal Place of Business

1050 S. MCDUFF AVE
 JACKSONVILLE FL 32205
 US

Mailing Address

1050 S. MCDUFF AVE
 JACKSONVILLE FL 32205
 US

2. Principal Place of Business

5447 Contina Ave

3. Mailing Address

5447 Contina Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville

City & State

Jacksonville, Florida

Zip

32277

Country

US

Zip

32277

Country

USA

6. Name and Address of Current Registered Agent

BROWN, WILLIAM L
5447 CONTINA AVE
JACKSONVILLE FL 32277

7. Name and Address of New Registered Agent

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, 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

TITLE **VP** ☐ Delete
 NAME **BROWN, KIM**
 STREET ADDRESS **5447 CONTINA AVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **P** ☐ Delete
 NAME **BROWN, WILLIAM L**
 STREET ADDRESS **5447 CONTINA AVENUE**
 CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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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: **Kim A Brown**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 904 744 9989

Date

Daytime Phone #

CR2E034 (10/00)