

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 NOV 26 PM 5:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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011134  
AT

DOCUMENT # **P97000083026**

1. Entity Name  
**A. F. BROWN, INC.**

Principal Place of Business  
**2200 NORTH PACE BOULEVARD  
PENSACOLA FL 32505**

Mailing Address  
**P.O. BOX 17125  
PENSACOLA FL 32527-2125**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

DO NOT WRITE IN THIS SPACE  
**07/12/01 0019 049 9150**

4. FR Number  
**59-1936220**

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

6. Name and Address of Current Registered Agent  
**BROWN, ADRIAN FARREL  
2200 NORTH PACE BOULEVARD  
PENSACOLA FL 32505  
8550 J SCENIC HWY  
PO BOX 17125  
32522**

7. Name and Address of New Registered Agent  
**8550 J SCENIC HWY  
PENSACOLA FL 32514**

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]* DATE **7-9-01**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 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	<b>PVST BROWN, ADRIAN FARREL 2200 NORTH PACE BOULEVARD PENSACOLA FL 32505 PO BOX 17125 32522</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600004732896- -12/19/01--01049--00 ***400.09***</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BROWN, ADRIAN FARREL 2200 NORTH PACE BOULEVARD PENSACOLA FL 32505 PO BOX 17125 32522</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.071(3)(c), 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 507, 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: *[Signature]* DATE **7-9-01 850-432-6139**

Attachment #

#VU0159

7-9-01

2 of 2

Dear Sir / Mam

I was out of the  
area moving and was  
not aware these were  
not filed on time,

Please Abate the late  
penalty for Garcon Util.  
time and A.F. Brown etc

Thank you consideration

A.F. Brown

PO Box 17125

Pensacola, FL 32522