

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90066 023 ***150.00

0002787 AT

DOCUMENT # P97000083026

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

Principal Place of Business Mailing Address

2203 NORTH PACE BOULEVARD **P.O. BOX 17125**
PENSACOLA FL 32505 **PENSACOLA FL 32522-7125**

2. Principal Place of Business 3. Mailing Address

8850 Scenic Hwy. Suite, Apt. #, etc.

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite J **Suite J**

City & State City & State

Pensacola, FL **Pensacola, FL**

Zip Country Zip Country

32514 **USA** **32514** **USA**

4. FEI Number Applied For

59-1936220 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, ADRIAN FARREL Name
8550 'J' SCENIC HWY. Street Address (P.O. Box Number is Not Acceptable)
PENSACOLA FL 32514 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 _____ (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. **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 NAME STREET ADDRESS CITY-ST-ZIP	PVST BROWN, ADRIAN FARREL P.O. BOX 17125 PENSACOLA FL 32505 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, ADRIAN FARREL P.O. BOX 17125 PENSACOLA FL 32505 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, ADRIAN FARREL P.O. BOX 17125 PENSACOLA FL 32505 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	32522-7125 <input type="checkbox"/> Change <input type="checkbox"/> 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: *Adrian F. Brown* **Adrian F. Brown** **2-20-02**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)