

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90992 041 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P97000104329**

1. Entity Name  
**BROWN BROTHERS CONCRETE INC.**



**90118958**

Principal Place of Business  
**4151 HWY AVE  
JACKSONVILLE, FL 32254 US**

Mailing Address  
**4151 HWY AVE  
JACKSONVILLE, FL 32254 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  
**59-3473949**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, KEITH  
4151 HWY AVENUE  
JACKSONVILLE, FL 32254**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remaining)

DATE

**FILED NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CDO	BROWN, CAROLYN	6407 HUGHES ST	JACKSONVILLE, FL 32219	<input type="checkbox"/>
P	BROWN, KEITH	6407 HUGHES ST	JACKSONVILLE, FL 32219	<input type="checkbox"/>
V	BROWN, REGINALD	6407 HUGHES ST	JACKSONVILLE, FL 32219	<input type="checkbox"/>
V	BROWN, FREDRICK	6407 HUGHES ST	JACKSONVILLE, FL 32219	<input type="checkbox"/>
T	BROWN, NATHANIEL J	6407 HUGHES ST	JACKSONVILLE, FL 32219	<input type="checkbox"/>
S	BROWN, GEORGE	6407 HUGHES ST	JACKSONVILLE, FL 32219	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *George A. Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary/George A Brown 4/29/03

Cell

Daytime Phone #

CFR2034 (10/02)