2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2001 08:00 AM
Secretary of State

DOCUMENT # P97000105363

1. Entity Name
J.M. BROWNING & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1209 E. ALFRED ST	1209 E. ALFRED ST
TAVARES FL	TAVARES FL
32778	32778

2. Principal Place of Business	3. Mailing Address
401 E. ALFRED ST	401 E. ALFRED ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAVARES FL	City & State: TAVARES FL
Zip: 32778 Country:	Zip: 32778 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3437469 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
BROWNING JULIE M
1209 E. ALFRED ST
TAVARES FL
32778

7. Name and Address of New Registered Agent
Name: BROWNING JULIE M
Street Address (P.O. Box Number is Not Acceptable): 401 E. ALFRED ST
City: TAVARES FL Zip Code: 32778

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: JULIE M. BROWNING 01/12/2001
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CROUCH RANDY 11104 WOODSIDE DR LEESBURG FL 34788	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWNING JUANITA R 310 S. RHODES STREET MOUNT DORA FL 32757	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWNING JULIE M 814 DORA AVE TAVARES FL 32778	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (11/00)

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: JULIE M. BROWNING PRES 01/12/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #