

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-02-2003 90117 044 ***150.00

DOCUMENT # P97000105363

1. Entity Name

J.M. BROWNING & ASSOCIATES, INC.



Principal Place of Business
401 E. ALFRED ST
TAVARES FL 32778

Mailing Address
401 E. ALFRED ST
TAVARES FL 32778

2. Principal Place of Business

310 South RHODES ST.

3. Mailing Address

310 South Rhodes Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mount DORA, FL

City & State

Mount DORA, FL

Zip

32757

Country

LAKE

Zip

32757

Country

LAKE

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
401 E. ALFRED ST
TAVARES FL 32778

7. Name and Address of New Registered Agent

Name

JULIE M. BROWNING

Street Address (P.O. Box Number is Not Acceptable)

310 South RHODES Street

City

Mount DORA,

FL

Zip Code

32757

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

J.M. Browning

(NOTE: Registered Agent signature required when reinstating)

3/27/03

DATE

FILE 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

TITLE P.
NAME BROWNING, JULIE M
STREET ADDRESS 310 SOUTH RHODES STREET
CITY-ST-ZIP MOUNT DORA FL 32757 ☐ Delete

TITLE D.
NAME BROWNING, JUANITA R
STREET ADDRESS 310 S. RHODES STREET
CITY-ST-ZIP MOUNT DORA FL 32757 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE DIRECTOR
NAME RHONDA Mansfield
STREET ADDRESS 2850 Sutton Estates Circle South
CITY-ST-ZIP JACKSONVILLE, FL 32223 ☐ Change ☒ Addition

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

J.M. Browning

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/03

Date

352-735-5221

Daytime Phone #

CR2E034 (10/02)