

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000007443

1. Entity Name

ELAINE BROWER, INC.

FILED

Jan 25, 2001 8:00 am  
Secretary of State

01-25-2001 90237 005 \*\*\*150.00

Principal Place of Business

16991 SLATER ROAD  
NORTH FORT MYERS FL 33903

Mailing Address

16991 SLATER ROAD  
NORTH FORT MYERS FL 33903

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 65-0815152

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

PAVESE, FRANK A SR  
1833 HENDRY STREET  
FORT MYERS FL 33901

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.

SIGNATURE

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  
PSTD  
BROWER, ELAINE  
16991 SLATER ROAD  
NORTH FORT MYERS FL 33903 ☐ Delete

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

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-01 941-543-5427

CR2E034 (10/00)

PAVESE, HAVERFIELD, DALTON, HARRISON & JENSEN, L.L.P.

A FLORIDA LIMITED LIABILITY PARTNERSHIP

ATTORNEYS AND COUNSELORS AT LAW

<http://paveselaw.com>

1833 HENDRY STREET  
FORT MYERS, FLORIDA 33901

POST OFFICE DRAWER 1507  
FORT MYERS, FLORIDA 33902-1507

(941) 334-2195  
FAX (941) 332-2243

FRANK A. PAVESE, SR.  
(941) 336-6228

PLEASE REPLY TO  
FORT MYERS OFFICE



January 15, 2001

Division of Corporations  
Uniform Business Report Filings  
Post Office Box 1500  
Tallahassee, FL 32302-1500

RE: Elaine Brower, Inc.

Dear Sir or Madam:

Enclosed please find original 2001 Uniform Business Report (UBR) and a check in the amount of \$150.00 payable to Department of State for the filing fee. Please handle.

If you have any questions or if you should need any additional information or documentation, please do not hesitate to contact me.

With kindest regards, I am,

Sincerely yours,

A handwritten signature in cursive script that reads 'Frank A. Pavese, Sr.'.

FRANK A. PAVESE, SR.

FAP:ikm

Enclosures - 2

cc: Elaine Brower, w/o enclosure

F#-62761.005

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