2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

16991 SLATER ROAD

NORTH FORT MYERS FL 33903

P98000007443 DOCUMENT

1. Entity Name

ELAINE BROWER, INC.

Principal Place of Business

NORTH FORT MYERS FL 33903

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

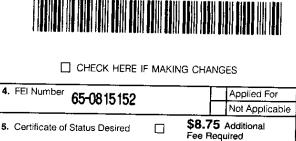
16991 SLATER ROAD



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

01-16-2003 90123 017 ***150.00

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

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7.	Name and Address of New	Registered Ad	rent	
Name		3		
	•			
Street Address (P.O.	Box Number is Not Acceptab	ole)		
		· · · · · ·	,	
City		FL	Zip Code	
office or reciptant and a			·	

Trust Fund Contribution.

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.

Country

SIGNATURE

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

Country

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTO	1	T-44			
DOTO			17.	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME STREET ADDRESS CITY-ST-ZIP	BROWER, ELAINE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		CJ. Delete	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 ADORESS 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		

12. 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 eath; 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

SIGNATURE: