

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90031 025 ***150.00

DOCUMENT # P98000032776

1. Entity Name
ANNA L. BROWN AND ASSOCIATES, P.A.

Principal Place of Business
1100 5TH AVE. SOUTH STE.201
NAPLES FL 34102

Mailing Address
1100 5TH AVE. SOUTH STE.201
NAPLES FL 34102

2. Principal Place of Business
350 5th Ave S.

3. Mailing Address
350 Fifth Ave S.

Suite, Apt. #, etc.
Ste 201

Suite, Apt. #, etc.
Ste 201

City & State
Naples FL

City & State
Naples FL

Zip Country
34102 USA

Zip Country
34102 USA

4. FEI Number **59-3511898**

Applied For
 Not Applicable

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

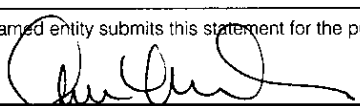
6. Name and Address of Current Registered Agent

BROWN, ANNA L
1100 5TH AVE. SOUTH STE.201
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name **Anna L. Brown**
 Street Address (P.O. Box Number is Not Acceptable)
350 5th Ave S. Ste 201
 City **Naples** FL Zip Code **34102**

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

1/8/02

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, 2002 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

TITLE **P** ☒ Delete
 NAME **BROWN, ANNA L**
 STREET ADDRESS **1100 5TH AVE. SUITE 201**
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
 NAME **Anna L. Brown**
 STREET ADDRESS **350 Fifth Ave South Ste. 201**
 CITY-ST-ZIP **Naples FL 34102**

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

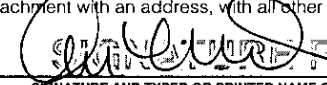
TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
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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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02 **941-435-3537**
 Date Daytime Phone #

CR2E034 (9/01)