

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90137 010 ***150.00

DOCUMENT # P98000043497

1. Entity Name
B & D BROWN, INC.



Principal Place of Business
**11078 NW 21ST PLACE
CORAL SPRINGS FL 33071**

Mailing Address
**11078 NW 21ST PLACE
CORAL SPRINGS FL 33071**



2. Principal Place of Business

3. Mailing Address

7611 SOUTH HAMPTON TER

7611 SOUTH HAMPTON TER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A-209

A-209

City & State

City & State

TAMARAC FL

TAMARAC FL

Zip

Country

Zip

Country

33321 BWD

33321 BWD

4. FEI Number **65-0834365**

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

**BROWN, H. RICHARD
11078 NW 21ST PLACE
CORAL SPRINGS FL 33071**

Name **BARBARA BROWN**

Street Address (P.O. Box Number is Not Acceptable)
7611 SOUTH HAMPTON TER

A-209

City **TAMARAC**

FL

Zip Code **33321**

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 **Barbara D. Brown**

3/11/03

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BROWN, BARBARA**
STREET ADDRESS **11078 NW 21ST PLACE**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **D** ☒ Change ☐ Addition
NAME **Brown BARBARA**
STREET ADDRESS **7611 SOUTH HAMPTON TER**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 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:

Barbara D. Brown

3/11/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)