

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**  
 04-22-2000 90125 040 \*\*\*150.00

**DOCUMENT # P98000066956**

1. Entity Name  
**S. BROWN AND CO.**

Principal Place of Business 1802 N UNIVERSITY DR PLANTATION FL 33322	Mailing Address 1802-102 N UNIVERSITY DR #285 PLANTATION FL 33322 US
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2. Principal Place of Business 1802-102 N UNIVERSITY DR Suite, Apt. #, etc. <b>#285</b> City & State PLANTATION, FL	3. Mailing Address 1802-102 N UNIVERSITY DR Suite, Apt. #, etc. <b>#285</b> City & State FL
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DO NOT WRITE IN THIS SPACE

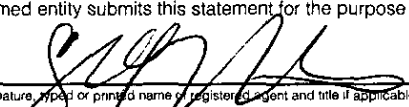
Zip <b>33322</b>	Country <b>US</b>	Zip <b>33322</b>	Country <b>US</b>
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4. FEI Number <b>65-0866898</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> = <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**BROWN, SUSAN N**  
**4420 NW 33RD ST.**  
**LAUDERDALE LAKES FL 33319**

7. Name and Address of New Registered Agent  
 Name  
**N/A**  
 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  (NOTE: Registered Agent signature required when reinstating)  
 DATE **4/15/00**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	0	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BROWN, SUSAN N</b>		NAME		
STREET ADDRESS	<b>4420 NW 33RD STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAUDERDALE LAKES FL 33319</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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**  
 Date **4/15/00** Daytime Phone # **954-485-8164**

CR2E034 (9/99)