

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State
 04-26-2000 90041 011 ***150.00

DOCUMENT # **P98000073687**

1. Entity Name
Brown, Ready & Associates, P.A.

Principal Place of Business
2080 Chance Rd.
Molina, FL 32577

Mailing Address
3704 Longridge Dr. East
Mobile AL 36693

2. Principal Place of Business
Above

3. Mailing Address
Above

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
63-1206253

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
Penny D. Brown
2080 Chance Rd.
Molina FL 32577

7. Name and Address of New Registered Agent

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 **Penny D. Brown, P.A., President** **4/15/2000**

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, 2000 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

OFFICERS AND DIRECTORS	
1. TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
2. TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
3. TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
4. TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
5. TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
6. TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
1. TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Penny D. Brown, P.A., President** **4/15/2000** **850-581-3628**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone *

CR2E034 (9/99)