

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90220 028 ***150.00

DOCUMENT # P98000073687

1. Entity Name
BROWN, READY & ASSOCIATES P.A.

Principal Place of Business

Mailing Address

2080 CHANCE ROAD
MOLINO FL 32577

3704 LONG RIDGE DRIVE EAST
MOBILE AL 36693



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6300 Chestnut Rd.

3545 Lakefront Dr. W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Molino FL

City & State
Mobile AL

4. FEI Number 63-1206253

Applied For
Not Applicable

Zip
32577

Country
Escambia

Zip
AL 36695

Country
Mobile

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, PENNY D
2080 CHANCE ROAD
MOLINO FL 32577

Name Brown, Penny D.

Street Address (P.O. Box Number is Not Acceptable)
6300 Chestnut Rd

City Molino FL Zip Code 32577

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, EA, Pres.

4/17/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BROWN, PENNY D
STREET ADDRESS 2080 CHANCE RD
CITY-ST-ZIP MOLINO FL 32577 ☐ Delete

TITLE P
NAME Brown, Penny D
STREET ADDRESS 6300 Chestnut Rd. Molino FL 32577
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 ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: Penny D Brown EA, President

4/17/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)