## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 02, 2002 8:00 am Secretary of State DOCUMENT # P98000079325 1. Entity Name DENNIS M. BROWNLEE CPA, INC. 05-02-2002 90011 021 \*\*\*150.00 Principal Place of Business Mailing Address 12249 SPRINGHILL DR 12249 SPRINGHILL DR RAAAAAAA SPRINGHILL FL 34609 SPRINGHILL FL 34609 2. Principal Place of Business 3. Mailing Address 13580 LOOP RUDI DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3530672 Not Applicable \$8.75.Additional. 5. Certificate of Status Desired - - -HURNANDO 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROWNLEE, DENNIS M Street Address (P.O. Box Number is Not Acceptable) 12249 SPRINGHILL DR SPRINGHILL FL 34609 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME Brownlee, Dennis M NAME STREET ADDRESS 12249 SPRINGHILL DR 13580 RUPI LOOP STREET ADDRESS CITY-ST-ZIP SPRINGHILL FL 34609 CITY-ST-ZIP TITLE ☐ Defete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ · Delete · JULE - ... Change ..... - Addition ... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP TITI F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. Thereby 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered