

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087861

1. Entity Name

BROWNEE'S PRETZELS, INC.

FILED

Mar 21, 2001 8:00 am  
Secretary of State

03-21-2001 90069 037 \*\*\*150.00

Principal Place of Business

9105 TARLETON CIR.  
BROOKSVILLE FL 34613

Mailing Address

9105 TARLETON CIR.  
BROOKSVILLE FL 34613

2. Principal Place of Business

Gulf View Sq. Mall

3. Mailing Address

Daniel Brown

Suite, Apt. #, etc.

9409 US Highway 19

Suite, Apt. #, etc.

7227-C Lake Magnolia Dr.

City & State

Port Richey FL

City & State

New Port Richey

Zip

34668

Country

US

Zip

34653

Country

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, ROBERT  
9105 TARLETON CIRCLE  
BROOKSVILLE FL 34613

Name

Daniel W Brown

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

7227-C Lake Magnolia Dr

City

New Port Richey FL

Zip Code

34653

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

*D/W Brown*

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, ROBERT 9105 TARLETON CIRCLE BROOKSVILLE FL 34613	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BROWN, DAN 2727 NORTH FLETCHER AVENUE, #43 D TAMPA FL 33618	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*D/W Brown*

Daniel W Brown

Date

3/19/01

Daytime Phone #

845-5791

CR2E034 (10/00)