

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90135 041 ***150.00

DOCUMENT # P98000102141

1. Entity Name
D. W. BROWNE & ASSOCIATES, INC.



Principal Place of Business
**13001 FOUNDERS SQUARE DR.
ORLANDO FL 32828**

Mailing Address
**P.O. BOX 780609
ORLANDO FL 32878**

90012200



2. Principal Place of Business
3855 Avalon Park East Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Orlando, FL

City & State

4. FEI Number **59-3549945**

Applied For
Not Applicable

Zip
32828

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

**BROWNE, DANIEL W
13001 FOUNDERS SQUARE DR.
ORLANDO FL 32828**

7. Name and Address of New Registered Agent

Name
Browne, Daniel W
Street Address (P.O. Box Number is Not Acceptable)
3855 Avalon Park East Blvd
City
Orlando **FL** Zip Code
32828

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BROWNE, DANIEL W**
STREET ADDRESS **11841 E. COLONIAL DR.**
CITY-ST-ZIP **ORLANDO FL 32826**

TITLE **T** ☐ Delete
NAME **BROWNE, CECILIA W**
STREET ADDRESS **11841 E COLONIAL DR**
CITY-ST-ZIP **ORLANDO FL 32826**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **BROWNE, DANIEL W**
STREET ADDRESS **3855 Avalon Park East Blvd**
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **T** ☒ Change ☐ Addition
NAME **Browne, Cecilia W**
STREET ADDRESS **3855 Avalon Park East Blvd**
CITY-ST-ZIP **ORLANDO FL 32828**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)