2002 UNIFORM BUSINESS REPORT (UBR)

Jan 30, 2002 8:00 am Secretary of State DOCUMENT # P99000021439 1. Entity Name BROWN AUTOMOTIVE, INC. 01-30-2002 90068 013 ***150.00 Principal Place of Business Mailing Address 1275 STARKEY RD., BLDG.B 1275 STARKEY RD.,BLDG.B LARGO FL 33771 **LARGO FL 33771** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3595982 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAMAHA, CHARLES M Street Address (P.O. Box Number is Not Acceptable) 259 4TH AVE. NORTH ST.PETERSBURG FL 33701 City Zip Code FL 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, 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HARRIS, LINDA NAME STREET ADDRESS 1275 STARKEY RD. BLDG.B STREET ADDRESS CITY-ST-ZIP **LARGO FL 33771** CITY-ST-ZIP TITL F **VPTD** ☐ Delete TITLE Change Addition NAME HARRIS, GARY STREET ADDRESS 1275 STARKEY RD., BLDG.B STREET ADDRESS CITY-ST-7IP LARGO FL 33771 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 trastee 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.

FILED

CR2E034 (9/01)