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Daytime Phone #

## 2002 Uniform Business Report (UBR)

## Apr 08, 2002 8:00 am Secretary of State DOCUMENT # P9900030545 1. Entity Name 04-08-2002 90219 044 \*\*\*158.75 FREDERICK BROWN & SONS TRANSPORT, INCORPORATED Principal Place of Business Mailing Address C/O FREDERICK H. BROWN, SR. C/O FREDERICK H. BROWN, SR. 7333 NORTHWEST 181TH TERRACE 7333 NORTHWEST 181TH TERRACE ALACHUA FL 32615 ALACHUA FL 32615 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 NOT APPLICABLE 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 **BROWN. JOSEPHINE W** Street Address (P.O. Box Number is Not Acceptable) 7333 NORTHWEST 181TH TERRACE ALACHUA FL 32615 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 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 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 PCEO ☐ Delete TITLE PCEO ☐ Addition NAME BROWN, FREDERICK H SR BROWN, Frederick H SR NAME STREET ADDRESS 7333 N.W. 181ST STREET STREET ADDRESS 1333 NW 181 Terrace CITY-ST-ZIP ALACHUA FL 32615 CITY-ST-ZIP ALACHUM, FL 32615 TITLE ☐ Delete TITLE TSD lice President 😁 Change ☐ Addition NAME BROWN, JOSEPHINE W NAME BROWN, Josephine STREET ADDRESS 7333 N.W. 181ST STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALACHUA FL 32615 Alachua, FL 32615 TITLE ☐ Delete TITLE ☐ 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-ZIP TITLE ☐ Delete TITLE 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 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

other like empowered

changed, or on an atta-

SIGNATURE: