2000 UNIFORM BUSINESS REPORT (UBR)

3/33/30/0

FILED
Jun 21, 2000 8:00 am
Secretary of State
03-30-2000 90045 046 ***150.00

DOCUMENT # P99000052279

Entity Name:
Brown Bores Inc
1028 Bal Harbour DR
Apollo Beach FL 33572

(R)

Principal Place of Business	Mailing Address
4147 Transport DR RPS Tampa FL 33619	1028 Bal Harbour DR Apollo Beach FL 33572

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3601787 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~Cole Hackett~~ Lisa Arias ~~3340 N. 36th St. Ste 220~~ ~~Tampa FL 33610-9959~~ Apollo Beach 1028 Bal Harbour DR FL 33572	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: Lisa Arias Lisa Arias 5-9-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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, 2000 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
President Frank Arias 1028 Bal Harbour DR Apollo Beach FL 33572	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
Vice President + Secretary Lisa Arias 1028 Bal Harbour DR Apollo Beach FL 33572	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: Frank Arias (President) FRANK ARIAS 3-25-00 (813) 645-4527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #