

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90177 023 ***150.00

DOCUMENT # P99000054994

1. Entity Name
BROWN FINANCIAL GROUP, INC.

Principal Place of Business

**5444 PARK BLVD STE 205
 PINELLAS PARK FL 33781**

Mailing Address

**5444 PARK BLVD STE 205
 PINELLAS PARK FL 33781**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3583497

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BROWN, JOHN A JR
 5444 PARK BLVD STE 205
 PINELLAS PARK FL 33781**

Name **SHERYL BROWN**

Street Address (P.O. Box Number is Not Acceptable)
5537 25 AVE N

City **ST. PETERSBURG**

FL

Zip Code **33710**

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 Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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 **P** ☐ Delete
 NAME **BROWN, SHERYL**
 STREET ADDRESS **5537 25TH AVE N**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

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

TITLE **VP** ☒ Delete
 NAME **BROWN, JOHN A JR**
 STREET ADDRESS **10287 98TH ST N**
 CITY-ST-ZIP **LARGO FL 33773**

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHERYL BROWN 3/1/02 727-544-3737

Date

Daytime Phone #

CR2E034 (9/01)