2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED Mar 24, 2000 8:00 am Secretary of State DOCUMENT # P99000060874 1. Entity Name BROWNLEE AND ASSOCIATES, INC. 03-24-2000 90113 048 ***150.00 Principal Place of Business Mailing Address 902 E. REYNOLDS ST. 902 E. REYNOLDS ST. PLANT CITY FL 33566-3661 PLANT CITY FL 33566 2. Principal Place of Business 3. Mailing Address 414 N. Alexander St. P.O. Box 1030 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Plant City FL 33566 Plant City FL 59-3591455 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 33.5.6.6. <u>33564-1030</u> USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BROWNLEE, CARL 902 E. REYNOLDS ST. 414 N Alexander St PLANT CITY FL 33566 City Zip Code 33566 <u>Plant_City</u> 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** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State --- ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS P/8 Change X Addition ☐ Delete TITLE TITLE NAME Carl Brownlee NAME STREET ADDRESS STREET ADDRESS 414 N Alexander St CITY-ST-ZIP CITY-ST-7IP Plant City FL 33566 ☐ Change X Addition Delete TITI F TITLE VP/T NAME **Bruce Brownlee** STREET ADDRESS STREET ADDRESS 414 N Alexander St Plant City FL 33566 CITY-ST-ZIP-CITY-ST-ZIP **Addition** Change TITLE ☐ Delete TITLE Geraldine Brownlee NAME NAME STREET ADDRESS STREET ADDRESS 414 N Alexander ST CITY-ST-ZIP CITY-ST-ZIP Plant City FL 33566 **X**Addition Change ☐ Delete TITLE TITLE Dennis Brownlee NAME NAME STREET ADDRESS STREET ADDRESS 414 N Alexander St CITY-ST-ZIP CITY-ST-ZIP Plant City FL 33566 Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filips 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 trusted empowered by 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 effect in the lempowered.