

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089834

1. Entity Name

BROWN TECHNOLOGY, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90024 035 ***150.00

Principal Place of Business

3521 STATE ROAD 46 EAST
SANFORD FL 32771

Mailing Address

3521 STATE ROAD 46 EAST
SANFORD FL 32771-6807

2. Principal Place of Business

1445 DOLGNER PLACE

Suite, Apt. #, etc.

SUITE 18

City & State

SANFORD FLA.

Zip

32771

Country

SEMINOLE

3. Mailing Address

1445 DOLGNER PLACE

Suite, Apt. #, etc.

SUITE 18

City & State

SANFORD, FLA.

Zip

32771

Country

SEMINOLE

4. FEI Number

59-3604510

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

BROWN, ERNEST
3812 COLMART STREET
DELTONA FL 32738

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BROWN, DON L
3521 STATE ROAD 46 EAST
SANFORD FL 32771 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
KEARSE, LARRY
2811 LOWER ROSEWELL ROAD
MARIETTA GA 30068 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MORGAN, BONNYE
2452 REVENALL AVENUE
ORLANDO FL 32811 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

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

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 changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

407-328-0707

Daytime Phone #

CR2E034 (9/99)