

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90178 040 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000107697			
1. Entity Name BROWNING EQUIPMENT, INC.			
Principal Place of Business 12400 SW 1ST CT. PLANTATION FL 33325		Mailing Address 12400 SW 1ST CT. PLANTATION FL 33325	
2. Principal Place of Business 3991 SW Kabane St		3. Mailing Address 3991 SW Kabane St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Port St. Lucie FL		City & State Port St. Lucie FL	
Zip 34953	Country St. Lucie	Zip 34953	Country St. Lucie
4. Name and Address of Current Registered Agent BROWNING, MAUREEN T 12400 SW 1ST CT. PLANTATION FL 33325		4. FEI Number 65-0965593	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of New Registered Agent BROWNING, MAUREEN T 12400 SW 1ST CT. PLANTATION FL 33325		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Browning, Maureen, T 3991 SW Kabane St Port St Lucie FL 34953		7. Name and Address of New Registered Agent	
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 Maureen J Browning		DATE 4/25/02	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State		\$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	D BROWNING, JAMES JR. 12400 SW 1ST CT. PLANTATION FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWNING, MAUREEN 12400 SW 1ST CT PLANTATION FL 33325 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.			
SIGNATURE: Maureen J Browning		Date 4/25/02 Daytime Phone # 561 785 5978	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/01)