

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90063 047 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # S15445			
1. Entity Name T.O. BROWNING & SON, INC.			
Principal Place of Business 419 HENRY COURT GREEN COVE SPRINGS, FL 32043		Mailing Address 419 HENRY COURT GREEN COVE SPRINGS, FL 32043	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3040230		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required ☐	
6. Name and Address of Current Registered Agent WOLF, WAYNE A. 3733 UNIVERSITY BLVD. WEST SUITE 108 JACKSONVILLE, FL 32217		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (IfORE Registered Agent Signature required when registering) DATE			
		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	NAME	☐ Delete	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	☐ Delete	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	☐ Delete	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	☐ Delete	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	☐ Delete	
STREET ADDRESS	CITY-ST-ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS	CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Jane Browning</i>		3/17/03 (904) 282-4655	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

JANE BROWNING

70030204



☐ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)