

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90147 047 ***150.00

DOCUMENT # S17486

1. Entity Name
BROWN FARM, INC.



Principal Place of Business
**P.O. BOX 365
POMONA PARK FL 32181**

Mailing Address
**P.O. BOX 365
POMONA PARK FL 32181**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3052449**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RENNAU, ROSE LEE
116 LAKESIDE DRIVE
POMONA PARK FL 32181**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BANNON, SUSAN B.**
STREET ADDRESS **2615 GLADSTONE TERRACE**
CITY-ST-ZIP **WOODSTOCK GA 30188**

TITLE **D** ☒ Change ☐ Addition
NAME **BANNON, SUSAN B.**
STREET ADDRESS **116 RIVERS EDGE ROAD NORTH**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32092**

TITLE **D** ☐ Delete
NAME **PRADELLA, JOAN V.**
STREET ADDRESS **129 MIDDLETON PL**
CITY-ST-ZIP **POINT VEDRA FL 32082**

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

TITLE **D** ☐ Delete
NAME **NICHOLS, JUANITA B.**
STREET ADDRESS **P.O. BOX 1063 N/A**
CITY-ST-ZIP **HAWTHORNE FL 32640**

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

TITLE **D** ☐ Delete
NAME **BROWN, JOE MACK**
STREET ADDRESS **243 USSERY RD**
CITY-ST-ZIP **CLARKSVILLE TN 37043**

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

TITLE **D** ☐ Delete
NAME **RENNAU, ROSE**
STREET ADDRESS **P. O. BOX 365 N/A**
CITY-ST-ZIP **POMONA PARK FL 32181**

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

TITLE **D** ☐ Delete
NAME **BROWN, JAMES C.**
STREET ADDRESS **1560 KINNARD DR.**
CITY-ST-ZIP **FRANKLIN TN 37064**

TITLE ☐ Change ☐ Addition
NAME
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(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

STAMPED SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

3-11-03 615-859-3548