FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State
04-09-2002 90737 022 ***150.00

DOCUMENT # S53449

1. Entity Name
HUGHART H. BROWN, INC.

DO NOT WRITE IN THIS SPACE

B0061879
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2240 N. SHERMAN CIR.	2240 N. SHERMAN CIR.
Suite, Apt. #, etc.: APT. # 407	Suite, Apt. #, etc.: APT. # 407
City & State: MIRAMAR, FLORIDA	City & State: MIRAMAR, FLORIDA
Zip: 33025 Country: U.S.	Zip: 33025 Country: U.S

4. FEI Number: 65-0267703 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: KENTISH V.

Street Address (P.O. Box Number is Not Acceptable): 8224 VILLAGE GREEN RD

City: ORLANDO FL Zip Code: 32818

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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT HUGHART H. BROWN 2240 N. SHERMAN CIR #407 MIRAMAR, FL 33025	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3-31-02 (954)442-7529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
HUGHART H. BROWN (DPT)