

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91098 029 ***150.00

DOCUMENT # S57704

1. Entity Name
G.A. BROWN & DAUGHTERS, INC.



Principal Place of Business
**9853 TAMiami TR N
109
NAPLES FL 34108
US**

Mailing Address
**9853 TAMiami TR N
109
NAPLES FL 34108
US**

2. Principal Place of Business
**1040 Seminole Dr
Suite, Apt. #, etc.
#857**

3. Mailing Address
**1040 Seminole Dr
Suite, Apt. #, etc.
#857**

City & State
**Ft. LAuderdale FL
Zip 33304 Country Broward**

City & State
**Ft. LAuderdale FL
Zip 33304 Country Broward**

4. FEI Number **65-0282236**

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

**BROWN, GUS MR.
9853 TAMiami TRAIL N.
#109
NAPLES FL 33963**

7. Name and Address of New Registered Agent

Name **Gus Brown**
Street Address (P.O. Box Number is Not Acceptable)
**1040 Seminole Dr
#857**
City **Ft. LAuderdale FL** Zip Code **33304**

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

3/13/03

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

TITLE **DST** ☐ Delete
NAME **BROWN, BARBARA N**
STREET ADDRESS **9853 TAMiami TRAIL N.**
CITY-ST-ZIP **NAPLES FL**

TITLE **VP** ☐ Delete
NAME **BROWN, BARBARA N**
STREET ADDRESS **9853 TAMiami TRAIL N.**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: **BARBARA N. BROWN** **03-13-03** **954-567-2360**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)