

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

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90063 025 \*\*\*150.00

**DOCUMENT # S83178**

1. Entity Name  
**BROWNELL CONSTRUCTION COMPANY, INC.**



Principal Place of Business

**1209 TECH BLVD.  
SUITE 203  
TAMPA FL 33619  
US**

Mailing Address

**P O BOX 1363  
BRANDON FL 33509-1363  
US**

2. Principal Place of Business

**123 Hickory Creek Drive**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Brandon, Florida**

City & State

Zip

**33511**

Country

**US**

Zip

Country

4. FEI Number

**59-3084944**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BROWNELL, STEPHEN B.  
123 HICKORY CREEK DRIVE  
BRANDON FL 33511**

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

(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 **D** ☐ Delete  
NAME **BROWNELL, STEPHEN B.**  
STREET ADDRESS **123 HICKORY CREEK DR.**  
CITY-ST-ZIP **BRANDON 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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition  
NAME **Brownell, Stephen B.**  
STREET ADDRESS **123 Hickory Creek Dr.**  
CITY-ST-ZIP **Brandon, FL 33511**

TITLE ☐ Change ☒ Addition  
NAME **Secretary/Treasurer**  
STREET ADDRESS **Brownell, Kathleen D.**  
CITY-ST-ZIP **123 Hickory Creek Dr.**  
**Brandon, FL 33511**

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

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

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

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 REQUIRED**  
**Signature of Stephen B. Brownell**

**1-6-03**

Date

**813-689-6384**

Daytime Phone #

CR2E034 (10/02)