

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **m48369**  
 1. Entity Name  
**R.A. BROWN & SON, Electric Co., Inc.**

**FILED**  
**Jun 14, 2000 8:00 am**  
**Secretary of State**  
 06-14-2000 90005 035 \*\*\*150.00

Principal Place of Business Mailing Address  
**1105 WAXHAW INDIAN TR RD 1105 WAXHAW INDIAN**  
**UNIT 280-G TRAIL Rd Box 109**  
**MATTHEWS, NC 28105 MATTHEWS NC**  
**US 28105**

2. Principal Place of Business 3. Mailing Address  
**1105 WAXHAW INDIAN TRAIL Rd 1105 WAXHAW INDIAN TR RD**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Unit 280G Box 109**  
 City & State City & State  
**MATTHEWS, NC 28105 MATTHEWS, NC**  
 Zip Country Zip Country  
**28105 US 28105 US**

**00064321**

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For  
**59-278 5148** Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

**BROWN, FLORENCE**  
**4031 NW 36 Terr**  
**Lauderdale Lakes, Fla. 33309**

## 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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **Richard A. Brown** **6-05-00** **704-491-1193**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)