

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2001 08:00 AM
Secretary of State

DOCUMENT # M48369

1. Entity Name
R.A. BROWN & SON., ELECTRIC CO., INC.

Principal Place of Business
1105 WAXHAW INDIAN TRAIL
UNIT 280-G
MATTHEWS NC 28105 US

Mailing Address
1105 WASHAW INDIAN TRAIL RD.
BOX 109
MATTHEWS NC 28105 US

2. Principal Place of Business
1105 WAXHAW INDIAN TRAIL

3. Mailing Address
1105 WASHAW INDIAN TRAIL RD.

Suite, Apt. #, etc.
UNIT 280-G

Suite, Apt. #, etc.
BOX 109

City & State
INDIAN TRAIL NC

City & State
INDIAN TRAIL NC

Zip
28079

Country
US

Zip
28079

Country
US

4. FEI Number
59-2785148

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BROWN FLORENCE
4031 NW 36 TERR

LAUDERDALE LAKES FL 33309 US

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 _____ DATE 04/18/2001
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) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PVS BROWN, RICHARD A.	9003 HUNTSMASTER PLACE	WAXHAW NC 28173	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

PRES 04/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)