

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2003 8:00 am
Secretary of State

0136098
AT

DOCUMENT # P96000080922

1. Entity Name
BROWN GROUP, INC.



07-16-2003 90039 036 ***158.75

Principal Place of Business
**1507 LAKELAND HILLS BLVD.
SUITE 101
LAKELAND FL 33805
US**

Mailing Address
**1507 LAKELAND HILLS BLVD.
SUITE 101
LAKELAND FL 33805
US**



2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3400742** Applied For...
Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BARKER, HAROLD E DICESARE DAVIDSON & BARKER, PA 5640 S FLORIDA AVENUE LAKELAND FL 33813		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD BROWN, DEBRA 1438 HAMMOCK SHADE DR LAKELAND FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, DEBRA A 1438 HAMMOCK SHADE DRIVE LAKELAND FL 33809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Debra Brown* **SIGNATURE REQUIRED** Date: **7-14-03** Daytime Phone #: **7-14-03**

CR2E034 (4/03)

Attachment P96000080922

90143365

July 14- 2003

Florida DEPARTMENT OF STATE
Division OF CORPORATIONS!

This is the FIRST NOTICE WE
RECEIVED ON OUR CORPORATION
NOTICE! PLEASE EXCEPT OUR PAYMENT.

Thank You,

Delm Brawn
President-