

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 738709

FILED
Mar 25, 2003
Secretary of State

Entity Name: 211BREVARD, INC.

Current Principal Place of Business:

625 FLORIDA AVE
COCOA, FL 32922 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 417
COCOA, FL 329230417 US

New Mailing Address:

FEI Number: 59-1897447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONOGHUE, ELIZABETH
2800 WATKINS DR.
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

DONOGHUE, ELIZABETH B
2800 WATKINS DR.
MELBOURNE, FL 32901 US

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: ELIZABETH B. DONOGHUE

03/25/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCLAUGHLIN, DELORES
Address: 1880 LONG IRON DRIVE #1321
City-St-Zip: VIERA, FL 32955

Title: D () Delete
Name: WEBBE, FRANK,
Address: 1687 HENLEY RD. NW
City-St-Zip: PALM BAY, FL

Title: P () Delete
Name: MADDEN, JOAN
Address: 1858 QUAIL TRAIL
City-St-Zip: MELBOURNE, FL 32935

Title: D () Delete
Name: STOTTLER, RICHARD
Address: 8680 N. ATLANTIC AVE.
City-St-Zip: CAPE CANAVERNAL, FL

Title: D () Delete
Name: BOUDRIE, JOYCE
Address: 222 SAND PINE COURT
City-St-Zip: INDIALANTIC, FL 329082116

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCLOUTH, MALCOLM
Address: C/O CANAVERAL PORT AUTHORITY PO BOX 267
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: VP (X) Change () Addition
Name: MADDEN, JOAN E
Address: 1858 QUAIL TRAIL
City-St-Zip: MELBOURNE, FL 32935

Title: T (X) Change () Addition
Name: MARSH, ANNA
Address: 2010 ADAMS AVE
City-St-Zip: MELBOURNE, FL 32935

Title: D (X) Change () Addition
Name: STOTTLER, RICHARD
Address: 8680 N. ATLANTIC AVE.
City-St-Zip: CAPE CANAVERNAL, FL 32920

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MS. () Change (X) Addition
Name: BABB, RHONDA E
Address: 1919 FABIEN CIRCLE
City-St-Zip: MELBOURNE, FL 32940

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MALCOLM MCLOUTH

MR.

03/25/2003

Electronic Signature of Signing Officer or Director

Date

CAROL WATERS, DIRECTOR
1322 SOUTH OAK STREET
MELBOURNE, FL 32901

GERRY RYAN , DIRECTOR
1670 S. FISKE BLVD.
ROCKLEDGE, FL 32955

DELORES MCLAUGHLIN, DIRECTOR
1880 LONG IRON DR. #1321
VIERA, FL 32955

ROSEMARY LAIRD, MD., DIRECTOR
701 WEST COCOA BEACH CAUSEWAY
COCOA BEACH, FL 32931

LESTER S. GOBELI, DIRECTOR
1699 PALM RIDGE ROAD
MELBOURNE, FL 32935

CHARLES R. CRAWFORD, DIRECTOR
700 PARK AVE
TITUSVILLE, FL 32780

DIANE BACCUS HORSLEY, DIRECTOR
PO BOX 33572
INDIALANTIC, FL 32903