

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90011 050 ****61.25

DOCUMENT # N21842

1. Entity Name

SOUTH BREVARD MOTHERS OF MULTIPLES, INC.

Principal Place of Business

Mailing Address

P. O. BOX 3251
 MELBOURNE FL 32902
 US

P. O. BOX 3251
 MELBOURNE FL 32902-3251
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State.

City & State

4. FEI Number

59-2845426

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HAMMOND, DENISE B
1265 GIRALDA CIR NW
PALM BAY FL 32907

Name

Kelly Guadalupe

Street Address (P.O. Box Number is Not Acceptable)

2679 Hopi Dr.

City

Melbourne

FL

Zip Code

32935

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 *Kelly D. Guadalupe*
 Signature, typed or printed name of registered agent and title if applicable

Kelly D. Guadalupe - President
 (NOTE: Registered Agent signature required when reinstating)

3/14/2000
 DATE

FILE NOW:
SEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TD	RICHARDS, MICHELE	1681 NORWOOD ST	PALM BAY FL	<input type="checkbox"/>
SD	CUTSHALL, LAURIE	1244 DANA CT NE	PALM BAY CT	<input checked="" type="checkbox"/>
DV	GUADALUPE, KELLY	2679 HOPI DR	MELBORNE FL	<input checked="" type="checkbox"/>
VD	WILSON, YONTINA	265 APPALOOSA	PALM BAY FL	<input checked="" type="checkbox"/>
VD	ADAMS, SHERRY	814 ROTOMAC DR	W. MELBORNE FL	<input type="checkbox"/>
PD	HAMMOND, DENISE B	1265 GIALDEN CIR NW	PALM BAY FL	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	Kelly Guadalupe	2679 Hopi Dr	Melbourne FL 32935	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	Renata Rauschen	164 Tampa Ave	Indralantic, FL 32903	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	Cammie Marshall	1753 Greytwig Pl.	Valkaria, FL 32950	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	Denise Coverstone	385 Inian Mound	Melbourne Beach, FL 32951	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 617, 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: *Michele Richards*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 Jan 2000 (321) 726-6306
 Date Daytime Phone #

CR2E037 (9/99)