

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90061 042 ****61.25

DOCUMENT # N44337

1. Entity Name

NORTH BREVARD MEDICAL SUPPORT, INC.

Principal Place of Business

**951 N WASHINGTON AVE
 TITUSVILLE FL 32796
 US**

Mailing Address

**P. O. BOX 6012
 TITUSVILLE FL 32782
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3074052

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

**BAKER, ROD L
 951 N WASHINGTON AVE
 TITUSVILLE FL 32796**

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

**FILE NOW:
 FEE 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

TITLE	D	<input type="checkbox"/> Delete
NAME	JORDAN, ROBERT	
STREET ADDRESS	1750 LAKESIDE DR	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BAKER, ROD L	
STREET ADDRESS	11 MAX BREWER CAUSEWAY	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	ALLENDER, JERRY	
STREET ADDRESS	118 COUNTRY CLUB DRIVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEEL, GEORGE	
STREET ADDRESS	781 FLORENCIA CIRCLE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	JOHNSON, WALT	
STREET ADDRESS	1320 S. CARPENTER RD	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPENCER, EARL JR	
STREET ADDRESS	719 GARDEN ST	
CITY-ST-ZIP	TITUSVILLE, FL 32796	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Rod L Baker 1/9/01 321 267-1383