2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State
01-26-2001 90109 027 ****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 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
Zip / Country	Zip / Country

4. FEI Number 59-2845426 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GUADALUPE, KELLY
2679 HOPI DR
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name: Cammie Marshall
Street Address (P.O. Box Number is Not Acceptable)
1753 Greytwig PL
City: Valkaria, FL Zip Code: 32950

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: C. D. Marshall President Cammie D. Marshall 1/12/01
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GUADALUPE, KELLY 2679 HOPI DR MELBOURNE FL 32935	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President cammie marshall D 1753 Greytwig PL Valkaria, FL 32950	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RAUSCHEN, RENATA 164 TAMPA AVE INDIALANTIC FL 32903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1st VP Kelly Guadalupe T 2679 Hopi Dr Melbourne, FL 32935	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MARSHALL, CAMMIE 1753 GREYTWIG PL VALKARIA FL 32950	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3rd VP Angela Thompson T 815 Curry St NE Palm Bay, FL 32907	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COVERSTONE, DENISE 325 INDIAN MOUND MELBOURNE BEACH FL 32951	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Sherry Adams-Dugan T 814 Potomac Dr. West Melbourne, FL 32904	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V D ADAMS, SHERRY 814 ROTOMAC DR W. MELBORNE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Michele Richards T 1681 Norwood St., N.E. Palm Bay, FL 32905	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 Michele Richards 1/11/01 321-726-6306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #