

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
05-11-2001 90112 009 ****61.25

DOCUMENT # 759597

1. Entity Name

KEEP BREVARD BEAUTIFUL, INC.

Principal Place of Business

**40 FORTENBERRY RD.
MERRITT ISLAND FL 32952
US**

Mailing Address

**40 FORTENBERRY RD.
MERRITT ISLAND FL 32952
US**

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

59-2154072

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

**ELLIS, STEVE
535 DELANNOY AVE
COCOA FL 32922**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **WEBER, LARRY S**
STREET ADDRESS **40 FORTENBERRY RD.**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **SMIRL, LAURIE**
STREET ADDRESS **701 W COCOA BEACH CSWY**
CITY-ST-ZIP **COCOA BEACH FL 32936**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CD** ☐ Delete
NAME **PORTER, JOHN**
STREET ADDRESS **226 N. ATLANTIC AVE.**
CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Delete
NAME **BECK, KATHY**
STREET ADDRESS **1901 S. HARBOR CITY BLVD.**
CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **ELLIS, STEVE**
STREET ADDRESS **535 DELANNOY AVE**
CITY-ST-ZIP **COCOA FL 32922**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **MCMASTER, SHERRY**
STREET ADDRESS **335 ARETIS BLVD**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01

Date

321-453-8767

Daytime Phone #

CR2E037 (10/00)