

2002 UNIFORM BUSINESS REPORT (UBR)

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

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

7. Name and Address of New Registered Agent

CAMMIE, MARSHALL
1753 GREYWIG PL.
VALKARIA FL 32950

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 \$81.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CAMMIE, MARSHALL 1753 GREYWIG PL. VALKARIA FL 32950	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPT GUADALUPE, KELLY 2879 HOPI DR. MELBOURNE FL 32935	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3VPT THOMPSON, ANGELA 815 POTOMAC DR. PALM BAY FL 32907	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DUGAN, SHERRY ADAMS 814 POTOMAC DR. MELBOURNE FL 32904	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT RICHARD, MICHELE 1681 NORWOOD ST NE PALM BAY FL 32905	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richards Michelle 1681 Norwood Dr. N.E. Palm Bay, FL. 32905	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Proctor Heidi 440 Mosswood Blvd. Indialantic, FL 32903	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marshall-Cammie 1753 Greywig Pl. ValKaria, FL. 32950	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dragon Lucy 918 South Fork Circle Melbourne, FL. 32901	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thompson Angela 315 Curry St. N.E. Palm Bay, FL. 32907	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dugan Sherry Adams 814 Potomac Dr. W. Melbourne, FL. 32904	☒ Change ☐ Addition

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:

SHARON ADAMS-DUGAN

Sharon Adams-Dugan

Date

4/15/02

Daytime Phone #

(w) 321-773-7591

321-728-4892

FILED
Jun 16, 2002 8:00 am
Secretary of State

04-29-2002 90105 033 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)