## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #** 180408



## FILED Mar 17, 2003 8:00 am § Secretary of State

BREVARD BUILDERS INC.				03-17-2003 90068 03	.5 ***150.00	
Principal Place of Business 40 LITTLE JOHN LN ROCKLEDGE FL 32955		Mailing Address 40 LITTLE JOHN LN ROCKLEDGE FL 32955			(BII GUDIR BUBU ALBU ALBU ALBU 1984	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-0747580	Applied For Not Applicable	
Zip	Country	Zip	Country	3. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Cu	rrent Registered Agent		7. Name and Address of New Registered A	gent	
SYDNOR JR,RICHARD B			Name Street Address	Street Address (P.O. Box Number is Not Acceptable)		
40 LITTLE JOHN LANE ROCKLEDGE FL 32955			-			
			City	FL	Zip Code	
8. The above the obligat	named entity submits this statement ions of registered agent.	ent for the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida. I am fa	amiliar with, and accept	
SIGNATURE .	Signature, typed or printed name of registered	agent and title if applicable. (NOT	E: Registered Agent signature require	ed when reinstating) DATE		
	ILE NOW!!! FEE IS \$150.00	3	<del></del>			
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SYDNOR JR,RICHARD B 40 LITTLE JOHN LANE ROCKLEDGE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	THOUREDUE TE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS . CITY-ST-ZIP	*	☐ Delete	TITLE NAME STREET ADDRESS	and the second of the second of	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE						

nereuy ceruity 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 607, 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: