2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 31, 2002 8:00 am **Secretary of State** DOCUMENT # 185002 1. Entity Name 02-21-2002 90082 026 ***150 00 A. C. BRITT HOUSE MOVING & DOCK BUILDING, INC. Principal Place of Business Mailing Address 4130 RAYBURN ROAD 4130 RAYBURN ROAD COCOA FL 32926-0531 COCOA FL 32926-0531 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1001512 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.- Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent BRITT, A.C. Street Address (P.O. Box Number is Not Acceptable) 4130 RAYBURN ROAD COCOA FL 32926 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 (NOTE: Pegistered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State <u>`11.</u> OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) 4IILE PD Delete TITLE ☐ Change NAME BRITT, A.C. NAME 4130 RAYBURN ROAD STREET ADDRESS STREET ADDRESS CR2E034 CITY-ST-ZIP COCOA FL CITY-ST-ZIP TITLE ☐ Delete TITLE SD ☐ Change ☐ Addition NAME BRITT, REBA NAME STREET ADDRESS 4130 RAYBURN ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCOA FL TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deleta TITLE ☐ Addition Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.