

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

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90115 036 ***150.00

DOCUMENT # 4384910 ✓

1. Entity Name
BREUARD TRUSS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5095 W. Eawballie Blvd
Suite, Apt. #, etc.

3. Mailing Address
5095 W. Eawballie Blvd.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Melbourne, FL
Zip
32934
Country
USA

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Melbourne, FL
Zip
32934
Country
USA

4. FEI Number
59-1572515
Applied For
☐ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Charles F. Griffin
Street Address (P.O. Box Number is Not Acceptable)
5095 W. Eawballie Blvd
City
Melbourne FL Zip Code
32934

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 CFG/- Charles F. Griffin President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/22/02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PT</u> <u>GRIFFIN, CHARLES F.</u> <u>2089 Seawind Ct</u> <u>Indianapolis, FL</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VS</u> <u>Griffin, Daniel E</u> <u>563 Harney Avenue</u> <u>Palm Bay FL 32907</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: CFG/- Charles F. Griffin 4/22/02 321-254-5972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)