

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90210 021 \*\*\*150.00

**DOCUMENT # 464718**

1. Entity Name

**BREVARD PROFESSIONAL SERVICE CORP.**

Principal Place of Business

**1304 OAK STREET  
 MELBOURNE FL 32901**

Mailing Address

**1304 OAK STREET  
 MELBOURNE FL 32901**

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 **59-1556046**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BLUNK, JOSEPH N.  
 1304 OAK STREET  
 MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BLUNK, JOSEPH N</b>	
STREET ADDRESS	<b>1304 OAK STREET</b>	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>JACOBSON, MATTHEW W</b>	
STREET ADDRESS	<b>1304 OAK STREET</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32901</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>ENTWISTLE, KIM M</b>	
STREET ADDRESS	<b>1304 OAK STREET</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32901</b>	
TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>SALTZMAN, LYLE S</b>	
STREET ADDRESS	<b>1304 OAK STREET</b>	
CITY-ST-ZIP	<b>MELBURNE FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>INGRAM, JAMES M III</b>	
STREET ADDRESS	<b>1304 OAK STREET</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32901</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, MARK S</b>	
STREET ADDRESS	<b>1304 OAK STREET</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32901</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>MELBOURNE FL 32901</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<b>MELBOURNE FL 32901</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: \_\_\_\_\_

*Joseph N. Blunk*  
 Joseph N. Blunk, Registered Agent

January 22, 2001

(321) 723-4723

Date

Daytime Phone #

CR2E034 (10/00)