

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # 468450

1. Entity Name
BREVARD WHOLESALERS, INC.

Principal Place of Business
555 MARGARET STREET
MERRITT ISLAND FL 329536106

Mailing Address
555 MARGARET STREET
MERRITT ISLAND FL 329536106

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
59-1643126

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

ROSE, JR. (WALTER T.)
101 NORTH ATLANTIC AVENUE
COCOA BEACH FL

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 _____ DATE 04/30/2001

Signature, typed or printed name of registered agent and title if applicable.

(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

| TITLE | P | <input type="checkbox"/> Delete |
|----------------|---------------------|---------------------------------|
| NAME | PEAVLER, GENE E. | |
| STREET ADDRESS | 555 MARGARET STREET | |
| CITY-ST-ZIP | MERRITT ISLAND FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PEAVLER, CHARLENE | |
| STREET ADDRESS | 555 MARGARET ST | |
| CITY-ST-ZIP | MERRITT ISLAND FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | D | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------|---------------------|--|-----------------------------------|
| NAME | WATSON, KAY | | |
| STREET ADDRESS | 555 MARGARET STREET | | |
| CITY-ST-ZIP | MERRITT ISLAND FL | | |
| TITLE | P | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | PEAVLER, CHARLENE | | |
| STREET ADDRESS | 555 MARGARET ST | | |
| CITY-ST-ZIP | MERRITT ISLAND FL | | |
| 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 | | | |
| 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: Charlene Peavler

P

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)