

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90046 038 ***150.00

DOCUMENT # 658776

1. Entity Name
BREVARD ENTERPRISES, INC.

| | |
|---|--|
| Principal Place of Business 543 ROYAL PALM BLVD. SATELLITE BEACH FL 32937 | Mailing Address 543 ROYAL PALM BLVD. SATELLITE BEACH FL 32937-3232 |
|---|--|

| | |
|--------------------------------|---------------------|
| 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 | 59-2007610 | Applied For | <input type="checkbox"/> |
| | | Not Applicable | <input type="checkbox"/> |
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required | |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINDSEY, ALLEN
543 ROYAL PALM BLVD.
SATELLITE BEACH FL 32937

| | |
|--|-------------|
| 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 | PD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LINDSEY, ALLEN | NAME | |
| STREET ADDRESS | 543 ROYAL PALM BLVD | STREET ADDRESS | |
| CITY-ST-ZIP | SATELLITE BCH, FL 00000 | CITY-ST-ZIP | |
| TITLE | DT <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LINDSEY, MINNIE | NAME | |
| STREET ADDRESS | 543 ROYAL PALM BLVD | STREET ADDRESS | |
| CITY-ST-ZIP | SATELLITE BCH, FL 00000 | CITY-ST-ZIP | |
| TITLE | D- <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOWREY, BUCKY | NAME | |
| STREET ADDRESS | 645 BRITONS CT | STREET ADDRESS | |
| CITY-ST-ZIP | OVIEDO FL | CITY-ST-ZIP | |
| TITLE | VPD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LINDSEY, WILSON | NAME | |
| STREET ADDRESS | 543 ROYAL PALM BLVD. | STREET ADDRESS | |
| CITY-ST-ZIP | SATELLITE BCH. FL | CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LINDSEY, ELIZABETH | NAME | |
| STREET ADDRESS | 645 BRITONS CT | STREET ADDRESS | |
| CITY-ST-ZIP | OVIEDO FL | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: *William J. Lindsey* PRESIDENT/DIRECTOR 3-6-00 (321) 254-7851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)