

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90294 042 ****61.25

DOCUMENT # 725982

1. Entity Name

PORT CANAVERAL-BREVARD COUNTY SOLILLAGE CLEANUP

Principal Place of Business

Mailing Address

**9020 POMPANO ST
CAPE CANAVERAL FL 32920**

**P. O. BOX 25
CAPE CANAVERAL FL 32920
US**

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

23-7183178

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIMON, JERRY M.
200 GEORGE KING BLVD.
CAPE CANAVERAL FL 32920**

Name **SCOBIE, ROBERT W**

Street Address (P.O. Box Number is Not Acceptable)

200 GEORGE KING BLVD

City **CAPE CANAVERAL**

FL

Zip Code **32920**

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

ROBERT W SCOBIE

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

(NOTE: Registered Agent signature required when reinstating)

4/19/02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TSD** ☒ Delete
NAME **SIMON, J.M.**
STREET ADDRESS **200 GEORGE KING BLVD**
CITY-ST-ZIP **PT CANAVERAL, FL 00000**

TITLE **TSD** ☐ Change ☒ Addition
NAME **SCOBIE, ROBERT W**
STREET ADDRESS **200 GEORGE KING BLVD**
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE **VD** ☒ Delete
NAME **HOPE, GEORGE**
STREET ADDRESS **980 MULLET ROAD**
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE **VD** ☐ Change ☒ Addition
NAME **MEDING, PAUL**
STREET ADDRESS **400 ANGLE RD**
CITY-ST-ZIP **FT PIERCE, FL 34946**

TITLE **CD** ☐ Delete
NAME **MARSHAL, CHRIS**
STREET ADDRESS **3109 S MAIN STREET**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROBERT W SCOBIE **4/19/02** **321-403-8765**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)