

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

04-17-2002 90117 021 ****61.25

DOCUMENT # 729174

1. Entity Name

BREVARD MANUFACTURING & TECHNOLOGY ASSOC. INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

751 NORTH DRIVE

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

MELBOURNE, FL

City & State

4. FEI Number

59-2210190

Applied For

Not Applicable

Zip

32934-9289

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

John J. Peters

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

4307 Woodhall Circle

City

Viera

FL

Zip Code

32955

**DO NOT WRITE
IN THIS SPACE**

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

John J. Peters

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

(NOTE: Registered Agent signature required when reinstating)

4/3/02

DATE

FEE IS \$61.25

Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CHAIRPERSON
JEFF PETERS
751 NORTH DRIVE
MELBOURNE, FL 32934-9289

T

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CHAIRPERSON-ELECT
JIM LAIDL
SAME

T

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PAST CHAIRPERSON
HOWARD BECKER
SAME

T

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VICE CHAIRPERSON
SUSAN COSSEY
SAME

T

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TREASURER
ROBERT PINNICK
SAME

T

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**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert W. Pinnick* ROBERT W. PINNICK

4-5-02

321-308-1265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)