2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 21, 2002 8:00 am Secretary of State **DOCUMENT # 755674** 1. Entity Name 04-21-2002 90923 001 ***122 PREVENT! OF BREVARD, INC. Principal Place of Business Mailing Address 1948 PINEAPPLE AVE. 1948 PINEAPPLE AVE. MELBOURNE FL 32935 MELBOURNE FL 32935 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2097519 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HEIMMER, KAY 1235 LESLIE DR. **MERRITT ISLAND FL 32952** Zip Code FL 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 name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. X Addition CR2E037 (9/01 ☐ Change CF TITLE ■ Delete TITLE DARCIA JONES- FRANCEY ROSELIP, LEO NAME NAME 1150 RIVERMONT DRIVE STREET ADDRESS 365 CHERRY DR STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32935 SATELLITE BCH FL 32937 CITY-ST-ZIF ☐ Addition Change VC ☐ Delete TITLE TITLE WIEBERT, JAMES J NAME NAME 1030 US #1 STREET ADDRESS STREET ADDRESS **ROCKLEDGE FL 32955** CITY-ST-ZIP CITY-ST-ZIP Change Addition SD - - ---- Delete TITI F nickle. Mary NAME NAME 450 E EAU GALLIE BLVD STREET ADDRESS STREET ADDRESS INDIAN HARBOUR BEACH FL 32937 CITY-ST-ZIP CITY-ST-ZIP **X** Addition ☐ Change Delete TITLE TITLE VAN GORP WENDY B KNIPPEL NAME NAME 441 HEATHROW CIRCLE 1036 PELICAN LN STREET ADDRESS STREET ADDRESS **ROCKLEDGE FL 32955** CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE HEIMMER, KAY NAME NAME STREET ADDRESS 1235 LESLIE DR. STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL CITY-ST-ZIP Change 🔀 D ☐ Addition CD Delete TITLE TITLE PERERS, SUSAN F NAME NAME 5985 S. TROPICA TRAIL STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

RHEIMMER

MERITT ISLAND FL

CITY-ST-7IP

321-259-1262