## FILED 2602 UNIFORM BUSINESS REPORT (UBR) Feb 19, 2002 8:00 am Secretary of State DOCUMENT # J18871 1. Entity Name 02-19-2002 90058 041 \*\*\*150.00 WAREHOUSING OF BREVARD, INC. Principal Place of Business Mailing Address 101 S. COURTENAY PKWY 101 S. COURTENAY PKWY SUITE 201 SHITE 201 MERRITT ISLAND FL 32952-4855 MERRITT ISLAND FL 32952-4855 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2697252 Not Applicable Zip Country - - -Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIELVOGEL, LEONARD Street Address (P.O. Box Number is Not Acceptable) 101 SOUTH COURTENAY PARKWAY MERRITT ISLAND FL 32952 City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PDST** ☐ Delete TITLE ☐ Addition ☐ Change NAME SPIEVOGEL, LEONARD NAME STREET ADDRESS 101 S COURTENAY PKWY STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32952 CITY-ST-ZIP TITLE DAS ☐ Delete ☐ Change ☐ Addition NAME SPIELVOGEL, JEAN C NAME STREET ADDRESS STREET ADDRESS 101 S COURTENAY PKWY CITY-ST-7/P CITY-ST-ZIP **MERRITT ISLAND FL 32952** TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME BARTLING, SANDRA J STREET ADDRESS 101 S. COURTENAY PARKWAY STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32952 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

 I hereby certify that the information supplied indicated on this report or supplemental/re this filing closs sot qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information strue and according to the same legal effect as if made under oath; that I am an officer or director by if an according to this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or changed, or on an attachment with

CITY-ST-ZIP

SIGNATURE:

(9/01)CR2E034