

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90103 011 ***150.00

01/31/02
AV

DOCUMENT # J18871

1. Entity Name
WAREHOUSING OF BREVARD, INC.



Principal Place of Business
**101 S. COURTENAY PKWY
SUITE 201
MERRITT ISLAND FL 32952-4855**

Mailing Address
**101 S. COURTENAY PKWY
SUITE 201
MERRITT ISLAND FL 32952-4855**



2. Principal Place of Business
4275 Hillview Cir.

3. Mailing Address
c/o John G. Estock

Suite, Apt. #, etc.

Suite, Apt. #, etc.
9800 Fourth St., N., Ste 300

CHECK HERE IF MAKING CHANGES

City & State
Merritt Island FL

City & State
St. Petersburg FL

4. FEI Number
59-2697252

Applied For
 Not Applicable

Zip
32952

Country

Zip
33702

Country

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

**SPIELVOGEL, LEONARD
101 SOUTH COURTENAY PARKWAY
MERRITT ISLAND FL 32952**

Name

Street Address (P.O. Box Number is Not Acceptable)
4275 Hillview Cir.

City
Merritt Island

FL Zip Code
32952

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

4/13/03
DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST SPIELVOGEL, LEONARD 101 S COURTENAY PKWY MERRITT ISLAND FL 32952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS SPIELVOGEL, JEAN C 101 S COURTENAY PKWY MERRITT ISLAND FL 32952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARTLING, SANDRA J 101 S. COURTENAY PARKWAY MERRITT ISLAND FL 32952	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	4275 Hillview Cir Merritt Island FL 32952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4275 Hillview Cir. Merritt Island FL 32952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03
Date

Daytime Phone #

CR2E034 (10/02)