

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K95162

1. Entity Name

PREMIER OF BREVARD, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90016 034 ***150.00

Principal Place of Business

Mailing Address

216 WATERSIDEDR
INDIAN HARBOUR BCH FL 32937

216 WATERSIDEDR
INDIAN HARBOUR BCH FL 32937

2. Principal Place of Business

216 Waterside Dr.

3. Mailing Address

216 Waterside Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Indian Harbour Beach, FL

City & State

Indian Harbour Beach, FL

4. FEI Number

59-2957791

Applied For

Not Applicable

Zip

32937

Country

USA

Zip

32937

Country

USA

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

OSTOVICH, MISCHEL

450 DESOTO PARKWAY

SATELLITE BEACH FL 32937

Name

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

216 Waterside Dr.

City

Indian Harbour Beach, FL

Zip Code

32937

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

Mischel Ostovich

4-3-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME DP
STREET ADDRESS OSTOVICH, THEODORE
CITY-ST-ZIP 450 DESOTO PARKWAY
SATELLITE BEACH FL

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

TITLE ☐ Delete
NAME DV
STREET ADDRESS OSTOVICH, MISCHEL
CITY-ST-ZIP 450 DESOTO PARKWAY
SATELLITE BEACH FL

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

TITLE ☐ Delete
NAME PT
STREET ADDRESS OSTOVICH, MISCHEL
CITY-ST-ZIP 450 DESOTO PARKWAY
SATELLITE BEACH FL

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

TITLE ☐ Delete
NAME VS
STREET ADDRESS OSTOVICH, THEODORE
CITY-ST-ZIP 450 DESOTO PARKWAY
SATELLITE BEACH FL

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Theodore Ostovich Theodore Ostovich

4-3-00

321-773-4277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)