2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 21, 2001 8:00 am Secretary of State DOCUMENT* K95162 1. Entity Name PREMIER OF BREVARD, INC. 03-21-2001 90071 049 ***150.00 Mailing Address Principal Place of Business 216 WATERSIDE DR 216 WATERSIDE DR INDIAN HARBOUR BCH FL 32937 INDIAN HARBOUR BCH FL 32937 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2957791 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OSTOVICH, MISCHEL Street Address (P.O. Box Number is Not Acceptable) 216 WATERSIDE DR SATELLITE BEACH FL 32937 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. 3-19-01 DATE (NOTE: Registered Agent signature required when reinstating) d or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE TITLE ☐ Delete OSTOVICH, THEODORE NAME NAME STREET ADDRESS STREET ADDRESS 450 DESOTO PARKWAY CITY-ST-ZIP CITY-ST-ZIP SATELLITE BEACH FL ☐ Addition Change TITLE ☐ Delete TITLE OSTOVICH, MISCHEL NAME NAME **450 DESOTO PARKWAY** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SATELLITE BEACH FL Delete TITLE OSTOVICH, MISCHEL NAME NAME STREET ADDRESS 450 DESOTO PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SATELLITE BEACH FL ☐ Addition Change ☐ Delete TITLE TITLE OSTOVICH, THEODORE NAME NAME STREET ADDRESS STREET ADDRESS 450 DESOTO PARKWAY CITY-ST-ZIP CITY-ST-ZIP SATELLITE BEACH FL ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Mischel Ostarich 3-19-01 321-773-4277 IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

with all other like empowered.

changed, or on an attachment with an address