

DOCUMENT # L00904

1. Entity Name

BREVARD PROPERTY MAINTENANCE, INC.

Principal Place of Business

1795 COGSWELL ST
ROCKLEDGE FL 32955
US

Mailing Address

1795 COGSWELL ST
ROCKLEDGE FL 32955-3208
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

ZipCountry

3. Mailing Address

Suite, Apt. #, etc.

City & State

ZipCountry

6. Name and Address of Current Registered Agent

GOLDMAN, MITCHELL S.
96 WILLARD ST., SUITE #302
COCOA FL 32922

Name

Street Address (

City

8. The above named entity submits this statement for the purpose of changing its registered office or register

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required

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

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
NEWELL, EDWARD G.
1795 COGSWELL ST
ROCKLEDGE FL 32955

☐ Delete

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.1 of the Florida Statutes, and that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the signature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S., changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____