

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

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90056 001 \*\*\*150.00

DOCUMENT # **B & R ENTERPRISE**

1. Entity Name

**OF BREVARD**  
**M70454** ✓

**DO NOT WRITE IN THIS SPACE**

**653400**

2. Principal Place of Business

**235 CLEARLAKE RD**

Suite, Apt. #, etc.

**COCOA FLA**

City & State

3. Mailing Address

**235 CLEARLAKE RD**

Suite, Apt. #, etc.

**COCOA**

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

**404-34-2764**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name **Carl Loggins**

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

**235 Clearlake Rd**

**Cocoa FLA**

City

**FL 32922**

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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

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.) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.28  
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

TITLE **President**  
NAME **Carl Loggins**  
STREET ADDRESS **235 Clearlake Rd**  
CITY - ST - ZIP **Cocoa FL 32922**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **CARL LOGGINS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT-4-20-2002**

Date

Daytime Phone #

**704-321-504-3090**

CR2E034B (12/01)