

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M79491**

1. Entity Name

D.S. Electrical of Brevard Inc

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90408 023 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

733-A North Dr. E.
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2090105

Applied for

That Applies to

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DONALD A. REPIN
2035 Commodore St.
Melbourne, FL 32904

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signatures of persons printed names of corporation, partnership and filer if applicable

(If Filer Registered Agent signature required when certifying)

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

TITLE	PRESIDENT	☐ Delete
NAME	DONALD A. REPIN	
STREET ADDRESS	2035 Commodore St.	
CITY-STATE-ZIP	Melbourne, FL 32904	
TITLE	VICE PRESIDENT	☐ Delete
NAME	Sylvia Repin	
STREET ADDRESS	2035 Commodore St.	
CITY-STATE-ZIP	Melbourne, FL 32904	
TITLE	SECRETARY	☐ Delete
NAME	DONALD A. REPIN JR	
STREET ADDRESS	2010 Commodore St.	
CITY-STATE-ZIP	Melbourne, FL 32904	
TITLE	Treasurer	☐ Delete
NAME	THAYIS REPIN	
STREET ADDRESS	733-A North Dr.	
CITY-STATE-ZIP	Melbourne, FL 32904	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-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, 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

4-28-01

Date

321-284-4140

Telephone Number

2001034 (9/99)