

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State
 01-30-2002 90011 002 ****61.25

0013890

DOCUMENT # N00000000563

1. Entity Name

E.A.R.T.H. AWARENESS OF BREVARD, INC.

Principal Place of Business

**1395 BAYSHORE DRIVE
 COCOA BEACH FL 32931**

Mailing Address

**1395 BAYSHORE DRIVE
 COCOA BEACH FL 32931**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3626017**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**LULEY, SUSAN
 1395 BAYSHORE DRIVE
 COCOA BEACH FL 32931**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **BERGERON, BRYAN**
 STREET ADDRESS **6080 WILDERNESS AVE**
 CITY-ST-ZIP **COCOA FL 32926**

TITLE **D** ☒ Delete
 NAME **MORRIS, BEVERLY**
 STREET ADDRESS **380 CORAL DRIVE**
 CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE **D** ☐ Delete
 NAME **LULEY, SUSAN**
 STREET ADDRESS **1395 BAYSHORE DRIVE**
 CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE **D** ☐ Delete
 NAME **MORRIS, LAURA JO**
 STREET ADDRESS **200 N FIRST STREET**
 CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. DIRECTORS TO OFFICERS AND DIRECTORS IN 10

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **Timothy Rhoads**
 STREET ADDRESS **3547 South Atlantic Avenue**
 CITY-ST-ZIP **Cocoa Beach, FL. 32931**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **AMY BAKER**
 STREET ADDRESS **7590-1 GREENBORO DR.**
 CITY-ST-ZIP **WEST MELBOURNE, FL. 32904**

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

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Susan Luley** **FOUNDING** **1/10/02** **321-636-7231**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)