

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

05-10-2002 90031 026 \*\*\*\*61.25

**DOCUMENT # NO1000008033**

1. Entity Name

**FLORIDA HYDROGEN BUSINESS COUNCIL, INC.**

Principal Place of Business

Mailing Address

**1311 NORTH US HIGHWAY 1  
 FLORIDA/NASA BUSINESS CENTER  
 TITUSVILLE FL 32796**

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 FLORIDA/NASA BUSINESS CENTER  
 TITUSVILLE FL 32796~~

2. Principal Place of Business

**1311 North US Highway 1  
 Suite, Apt. #, etc.  
 Florida/NASA Business CTR**

3. Mailing Address

**200 South Bavana River Blvd  
 Suite, Apt. #, etc.  
 No 1301**

City & State

**Titusville FL**

City & State

**Cocoa Beach**

Zip

**32796**

Country

**ISREVARO**

Zip

**32931**

Country

**ISREVARO**

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**GILMORE, J. MARSHALL  
 1311 NORTH US HIGHWAY 1  
 FLORIDA/NASA BUSINESS CENTER  
 TITUSVILLE FL 32796**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D GILMORE, J. MARSHALL POST OFFICE BOX 542828 MERRITT ISLAND FL 32954</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KERSHAW, DAVE 1311 NORTH US HIGHWAY 1 TITUSVILLE FL 32796</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BRUDERLY, DAVID 920 S W 57TH DRIVE GAINESVILLE FL 32607</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BLOCK, DAVID 1679 CLEAR LAKE ROAD COCOA FL 32922</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BRITTS, ROB 1296 FAIRWAY VILLAGE DRIVE ORANGE PARK FL 32003</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BEDWELL, ALLAN 3900 COMMONWEALTH BLVD., STE. 1021A TALLAHASSEE FL 32399</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)