

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 16, 2001 08:00 AM****Secretary of State****DOCUMENT # N21166**1. Entity Name
PARENT TO PARENT OF BREVARD, INC.

Principal Place of Business 2175 NORTH WICKHAM ROAD MELBOURNE 32935 US	FL	Mailing Address C/O SUE CANNON 2175 N WICKHAM RD MELBOURNE 32935 US	FL
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2. Principal Place of Business 1110 S. HICKORY ST.	3. Mailing Address C/O SUE CANNON
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Suite, Apt. #, etc.	Suite, Apt. #, etc. 1110 S. HICKORY ST.
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City & State MELBOURNE FL	City & State MELBOURNE FL
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Zip 32901	Country US	Zip 32901	Country US
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4. FEI Number 59-2837841	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CELESTE R O'DONNELL 5946 DEEP LN COCOA 32927 US FL	7. Name and Address of New Registered Agent Name SOYKA MIRIAM CHAIRMA Street Address (P.O. Box Number is Not Acceptable) 200 E. SOUTHGATE City MELBOURNE FL Zip Code 32901
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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 **MIRIAM SOYKA****01/16/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARR JAMIE N 2175 N WICKHAM RD MELBOURNE FL 32935	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARR JAMIE N 1110 S. HICKORY ST. MELBOURNE FL 32901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STRIKER UTE 2175 N WICKHAM RD MELBOURNE FL 32935	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STRIKER UTE 1110 S. HICKORY ST. MELBOURNE FL 32901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CANNON SUE 2175 N WICKHAM RD MELBOURNE FL 32935	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CANNON SUE 1110 S. HICKORY ST. MELBOURNE FL 32901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GERHOUSER JIM 2175 N WICKHAM RD MELBOURNE FL 32935	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GERHOUSER JIM 1110 S. HICKORY ST. MELBOURNE FL 32901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		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"/> Delete		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)(f), 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 Cannon** PD 01/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)