2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

01-26-2001 90109 027 ****61.25

DOCUMENT # N21842

1. Entity Name

SOUTH BREVARD MOTHERS OF MULTIPLES, INC.

Principal Place of Business	Mailing Address
P. O. BOX 3251 MELBOURNE FL 32902 US	P. O. BOX 3251 MELBOURNE FL 32902 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2845426 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUADALUPE, KELLY 2679 HOPI DR MELBOURNE FL 32935	Name: Cammie Marshall Street Address (P.O. Box Number is Not Acceptable): 1753 Greytwig PL City: Valkaria, FL Zip Code: 32950

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 C. D. Marshall President Cammie D. Marshall 1/12/01

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☒ Delete	TITLE	President ☐ Change ☒ Addition
NAME	GUADALUPE, KELLY	NAME	Cammie Marshall D
STREET ADDRESS	2679 HOPI DR	STREET ADDRESS	1753 Greytwig PL
CITY-ST-ZIP	MELBOURNE FL 32935	CITY-ST-ZIP	Valkaria, FL 32950
TITLE	SD ☒ Delete	TITLE	1st VP ☐ Change ☒ Addition
NAME	RAUSCHEN, RENATA	NAME	Kelly Guadalupe T
STREET ADDRESS	164 TAMPA AVE	STREET ADDRESS	2679 Hopi Dr
CITY-ST-ZIP	INDIALANTIC FL 32903	CITY-ST-ZIP	Melbourne, FL 32935
TITLE	VD ☒ Delete	TITLE	3rd VP ☐ Change ☒ Addition
NAME	MARSHALL, CAMMIE	NAME	Angela Thompson T
STREET ADDRESS	1753 GREYTWIG PL	STREET ADDRESS	815 Curry St NE
CITY-ST-ZIP	VALKARIA FL 32950	CITY-ST-ZIP	Palm Bay, FL 32907
TITLE	VD ☒ Delete	TITLE	Secretary ☐ Change ☒ Addition
NAME	COVERSTONE, DENISE	NAME	Sherry Adams-Dugan T
STREET ADDRESS	325 INDIAN MOUND	STREET ADDRESS	814 Potomac Dr.
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	CITY-ST-ZIP	West Melbourne, FL 32904
TITLE	V D ☒ Delete	TITLE	Treasurer ☐ Change ☒ Addition
NAME	ADAMS, SHERRY	NAME	Michele Richards T
STREET ADDRESS	814 ROTOMAC DR	STREET ADDRESS	1681 Norwood St., N.E.
CITY-ST-ZIP	W. MELBORNE FL	CITY-ST-ZIP	Palm Bay, FL 32905
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (10/00)

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 Michele Richards 1/11/01 321-726-6306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #