2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2002 8:00 am
Secretary of State
04-29-2002 90105 033 ****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

92836

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
CAMMIE , MARSHALL 1753 GREYWIG PL VALKARIA FL 32950	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CAMMIE, MARSHALL 1753 GREYWIG PL. VALKARIA FL 32950	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	PD Richards Michelle 1681 Norwood Dr. N.E. Palm Bay, Fl. 32905	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VPT GUADALUPE, KELLY 2879 HOPI DR. MELBOURNE FL 32935	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	1VPT Proctor Heidi 440 Mosswood Blvd. Indialantic, Fl. 32903	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3VPT THOMPSON, ANGELA 815 POTOMAC DR. PALM BAY FL 32907	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	SD Marshall-Cammie 1753 Greywig Pl. Valkaria, Fl. 32950	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST DUGAN, SHERRY ADAMS 814 POTOMAC DR. MELBOURNE FL 32904	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	2VP Dragon Lucy 918 South Fork Circle Melbourne, Fl. 32901	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TT RICHARD, MICHELE 1681 NORWOOD ST NE PALM BAY FL 32905	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	TT Thompson Angela 315 Curry St. N.E. Palm Bay, Fl. 32907	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	ST Dugan Sherry Adams 814 Potomac Dr. W. Melbourne, Fl. 32904	☒ Change ☐ Addition

CR2E037 (9/01)

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: Sharon Adams-Dugan Sharon Adams-Dugan 4/15/02 (wk) 321-773-7591 321-728-4892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #