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

CR2E037 (9/01)