

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90192 045 ****61.25

DOCUMENT # N37222

1. Entity Name

BREVARD GUARDIANSHIP SERVICES, INC.



Principal Place of Business

**2229 S. BABCOCK ST.
MELBOURNE FL 32901
US**

Mailing Address

**P.O. BOX 760
MELBOURNE FL 32902-0760
US**

2. Principal Place of Business

380 No. WICKHAM RD

3. Mailing Address

Suite, Apt. #, etc.

I

Suite, Apt. #, etc.

City & State

MELBOURNE, FL

City & State

Zip

32935

Country

USA

Zip

Country

4. FEI Number **59-3029451**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THOMPSON, LYNNE R
529 E. NEW HAVEN AVENUE
MELBOURNE FL 32901**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **WHITLEY, BARBARA**
STREET ADDRESS **2229 SO BABCOCK ST**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **THOMPSON, LYNNE R**
STREET ADDRESS **529 E. NEW HAVEN AVENUE**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **WHITTAKER, KENNETH A**
STREET ADDRESS **1692 W. HIBISCUS BLVD.**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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 (SIGNED)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

2/18/03

321-752-8885

CR2E037 (10/02)