

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90120 050 \*\*\*\*61.25

**DOCUMENT # N44337**

1. Entity Name

**NORTH BREVARD MEDICAL SUPPORT, INC.**

Principal Place of Business <b>951 N WASHINGTON AVE TITUSVILLE FL 32796 US</b>	Mailing Address <b>P. O. BOX 6012 TITUSVILLE FL 32782-6012 US</b>
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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 <b>59-3074052</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**BAKER, ROD L  
951 N WASHINGTON AVE  
TITUSVILLE FL 32796**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>LIBRIZZI, ERNEST</b>		NAME <b>ROBERT JORDAN</b>	
STREET ADDRESS <b>11 MAX BREWER CAUSEWAY</b>		STREET ADDRESS <b>1750 LAKESIDE DR</b>	
CITY-ST-ZIP <b>TITUSVILLE FL</b>		CITY-ST-ZIP <b>TITUSVILLE, FL 32780</b>	
TITLE <b>DP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BAKER, ROD L</b>		NAME	
STREET ADDRESS <b>11 MAX BREWER CAUSEWAY</b>		STREET ADDRESS	
CITY-ST-ZIP <b>TITUSVILLE FL</b>		CITY-ST-ZIP	
TITLE <b>C</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>ST</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SPENCER, EARL JR</b>		NAME <b>JERRY ALLENDER</b>	
STREET ADDRESS <b>719 GARDEN ST</b>		STREET ADDRESS <b>118 COUNTRY CLUB DRIVE</b>	
CITY-ST-ZIP <b>TITUSVILLE FL</b>		CITY-ST-ZIP <b>TITUSVILLE, FL 32780</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STEEL, GEORGE</b>		NAME	
STREET ADDRESS <b>781 FLORENCIA CIRCLE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>TITUSVILLE FL</b>		CITY-ST-ZIP	
TITLE <b>ST</b>	<input type="checkbox"/> Delete	TITLE <b>CHAIRMAN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JOHNSON, WALT</b>		NAME	
STREET ADDRESS <b>1320 S. CARPENTER RD</b>		STREET ADDRESS	
CITY-ST-ZIP <b>TITUSVILLE FL</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 **Walt Johnson** President Date **12/07/2000** Daytime Phone # \_\_\_\_\_