

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90177 046 ****61.25

DOCUMENT # N48357

1. Entity Name

BREVARD TEACHING AND RESEARCH LABORATORIES, INC.

Principal Place of Business

Mailing Address

1470 TREELAND BLVD SE
 PALM BAY FL 32909
 US

1519 CLEARLAKE RD.
 COCOA FL 32922

00058805



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3117858

Applied For

Not Applied

Zip

Country

Zip

Country

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

MATHENY, JOE D ESQ.
355 INDIAN RIVER AVENUE
TITUSVILLE FL 32796

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 Delete
 NAME **CD**
 STREET ADDRESS **NUNGESSER, GARY**
 CITY-ST-ZIP **2115 PALM BAY ROAD, SUITE 2E**
PALM BAY FL 32905

TITLE Change Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **JEFFRIES, BEN**
 CITY-ST-ZIP **201 E. NEW-HAVEN AVE.**
MELBOURNE FL 32901

TITLE Change Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **LAIBL, JAMES**
 CITY-ST-ZIP **MAIL STOP 58-040, P.O. BOX 833**
MELBOURNE FL 32902-0883

TITLE Change Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **HANDLEY, JAMES**
 CITY-ST-ZIP **10 WILLOW GREEN DR.**
COCOA BEACH FL 32931

TITLE Change Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **CONROY, MATT**
 CITY-ST-ZIP **1282 CIMARRON CIRCLE**
PALM BAY FL 32905

TITLE Change Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **SMITH, CHERYL**
 CITY-ST-ZIP **1766 CANOVA ST., SE**
PALM BAY FL 32909

TITLE Change Add
 NAME
 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #