

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000004069

FILED
Apr 17, 2003
Secretary of State

Entity Name: CAPITAL PARTNERS OF BREVARD, INC.

Current Principal Place of Business:

215 BAYTREE DR
STE 2
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

215 BAYTREE DR
STE 2
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUFFINGTON, NED B
215 BAYTREE DR
STE 2
MELBOURNE, FL 32940

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KANCILIA, JOHN R ESQ.
Address: 1686 WEST HIBISCUS BLVD.
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: ORLANDO, FRED J
Address: 180 BRY-LYNN DRIVE
City-St-Zip: WEST MELBOURNE, FL 32904

Title: D () Delete
Name: BRADLEY, DEBORAH A
Address: 215 BAYTREE DRIVE SUITE A
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: PURYEAR, BRADY
Address: 100 RIALTO PLACE SUITE 100
City-St-Zip: MELBOURNE, FL 32901

Title: D (X) Delete
Name: BUFFINGTON, NED B
Address: 215 BAYTREE DR
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BUFFINGTON, NED B
Address: 215 BAYTREE DR
City-St-Zip: MELBOURNE, FL 32940

Title: D (X) Change () Addition
Name: BECKER, HOWARD
Address: 4203 SPARROWHAWK RD
City-St-Zip: MELBOURNE, FL 32934

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NED B. BUFFINGTON

D

04/17/2003

Electronic Signature of Signing Officer or Director

_____ Date