

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000031470

1. Entity Name

BREVARD SHUTTERS INC.

Principal Place of Business

193 EMERSON DR. NW  
PALM BAY FL 32907

Mailing Address

193 EMERSON DR. NW  
PALM BAY FL 32907

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

59-3631456

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

ROWE, BOYD  
193 EMERSON DR., NW  
PALM BAY FL 32907

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME ROWE, BOYD  
STREET ADDRESS 193 EMERSON DR NW  
CITY-ST-ZIP PALM BAY FL 32907 ☐ Delete

TITLE D/P  
NAME Rowe, Boyd  
STREET ADDRESS 193 Emerson Dr., NW  
CITY-ST-ZIP Palm Bay, FL 32907 ☒ Change ☐ Addition

TITLE D  
NAME KERN, KEVIN  
STREET ADDRESS 1754 CADILLAC CIRCLE  
CITY-ST-ZIP MELBOURNE FL 32935 ☐ Delete

TITLE D/VP  
NAME KERN, KEVIN  
STREET ADDRESS 1754 Cadillac Circle  
CITY-ST-ZIP Melbourne, FL 32935 ☒ Change ☐ Addition

TITLE D  
NAME ROWE, MARIA  
STREET ADDRESS 193 EMERSON DRIVE NW  
CITY-ST-ZIP PALM BAY FL 32907 ☐ Delete

TITLE D/SIT  
NAME Rowe, Maria  
STREET ADDRESS 193 Emerson Dr., NW  
CITY-ST-ZIP Palm Bay, FL 32907 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Maria Rowe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA ROWE, Secretary

Date

Daytime Phone #

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**  
05-07-2001 90046 012 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)