

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91706 049 ***550.00

DOCUMENT # P00000046386

1. Entity Name

SOUTHERN GENTLEMEN PAINTING OF BREVARD, INC.

Principal Place of Business

2280 WILCOX ST
 WEST MELBOURNE FL 32904

Mailing Address

2280 WILCOX ST
 WEST MELBOURNE FL 32904



2. Principal Place of Business

2365 COTTONWOOD AVE

3. Mailing Address

2365 COTTONWOOD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MELBOURNE

City & State

MELBOURNE

4. FEI Number

59-3643805

Applied For

Not Applicable

Zip

32904

Country

Zip

32904

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

COMBS, LARRY

2280 WILCOX

WEST MELBOURNE FL 32904

7. Name and Address of New Registered Agent

Name

RICKY L. VELIE

Street Address (P.O. Box Number is Not Acceptable)

2365 COTTONWOOD AVE

City

MELBOURNE

FL

Zip Code

32904

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

Ricky L. Velie
 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, 2002 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

TITLE PS ☐ Delete
 NAME VELIE, RICKY L
 STREET ADDRESS 2365 COTTONWOOD LANE
 CITY-ST-ZIP MELBOURNE FL 32904

TITLE VT ☒ Delete
 NAME BOURNE, ALLEN H
 STREET ADDRESS 2558 AMBERLY RD NE
 CITY-ST-ZIP PALM BAY FL 32905-2718

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

Ricky L. Velie
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-9-02 321-676-3356

CR2E034 (9/01)