

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90056 010 ***150.00

01/21/2002 AV

DOCUMENT # P00000073124

1. Entity Name
BREVARD ELECTRO OPTICS SYSTEMS, INC.

Principal Place of Business

4300-C FORTUNE PLACE
MELBOURNE FL 32904

Mailing Address

P O BOX 510215
MELBOURNE BEACH FL 32951



2. Principal Place of Business

505 SECOND AVE

Suite, Apt. #, etc.

3. Mailing Address

505 SECOND AVE.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MELBOURNE BEACH

City & State
MELBOURNE BEACH, FL

4. FEI Number
59-3676023

Applied For
Not Applicable

Zip.
FL 32951

Country
USA

Zip
32951

Country
USA

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

BELFATTO, ROBERT V SR
505 2ND AVE
MELBOURNE BEACH FL 32951

Name
ROBERT V. BELFATTO, SR.

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

City
MELBOURNE BEACH FL

Zip Code
32951

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 *RV Belfatto*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D ☐ Delete
NAME
YOUNG, EDDIE H
STREET ADDRESS
4300-C FORTUNE PLACE
CITY-ST-ZIP
MELBOURNE FL 32904

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

TITLE
D ☐ Delete
NAME
BELFATTO, ROBERT V SR
STREET ADDRESS
4300-C FORTUNE PLACE
CITY-ST-ZIP
MELBOURNE FL 32904

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *ROBERT V. BELFATTO*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/3/02
321-676-9020

CR2E034 (9/01)