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FILED**Sep 13, 2001 8:00 am
Secretary of State**07-25-2001 90014 026 ***150.00
09-13-2001 90006 031 ***400.00

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978420



DO NOT WRITE IN THIS SPACE

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000001721**

1. Entity Name

BREVARD MARKETING, INC.

Principal Place of Business

Mailing Address

7205 GRISSOM PARKWAY
COCOA FL 329277205 GRISSOM PARKWAY
COCOA FL 32927

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

59-3698806

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

SWERBILOW, HOWARD M
800 EAST MERRITT ISLAND CAUSEWAY
SUITE 200
MERRITT ISLAND FL 32952

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 State10. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
BARRY CZUBAK
7205 GRISSOM PARKWAY
COCOA-FL 32927☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE - PRESIDENT
JON WAGNER
7205 GRISSOM PKWY
COCOA-FL 32927☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
CATHERINE CURRAN
7205 GRISSOM PKWY
COCOA-FL 32927☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
CATHERINE CURRAN
7205 GRISSOM PKWY
COCOA-FL 32927☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)