## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P0100012337



## **FILED** May 01, 2003 8:00 am Secretary of State

1. Entity Nam	ne						05-01-2003 902	36 013 ***1:	30.00	
TALL SER' 	VICE ELE	CTRIC OF BREVA	RD, INC.			<b>9</b> .				
Principal Place of Business 3100 HALOCK RD MELBOURNE FL 32935			Mailing Address 3100 HALOCK RD MELBOURNE FL 32935				• • • • • • • • • • • • • • • • • • •			
2. Principal Place of Business			3. Mailing Address				r innskuni sit nnjuk tijėti ubsti kniji da	BELL 00101 EFULU LLOUB	111 <b>00</b> 11111 1 <b>111</b> 1 1 <b>111</b> 1	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State		City & State			<b>4.</b> F	El Number <b>59-3693878</b>	-	Applied For Not Applicable		
Zip Country		Zip	o Country		<b>5.</b> C	5. Certificate of Status Desired   \$8.75 Additional Fee Required				
	6. Name	and Address of Current	Registered Agent			7. N	lame and Address of New Regis	stered Agent	· <del></del>	
MILLER, CHARLES S					Name / /					
•					Street Address (P.O. Box-Number is Not Acceptable)					
MELBOURNE FL 32935										
					City			FL Zip	Code	
	named entitions of regist		or the purpose of changing	g its registere	ed office or regis	tered age	ent, or both, in the State of Florida	a. I am familiar v	vith, and accept	
SIGNATURE	Signature, Ivoed	or printed name of registered agent	and title if applicable.	NOTE: Registere	d Agent signature requi	ired when rei	instating)	DATE		
	II E NOW!	U FEE 10 6150.00	<del></del>		-				————	
Afte	r May 1, 200	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o	f State				Election Campaign Financ     Trust Fund Contribution.		5.00 May Be dded to Fees	
Afte	r May 1, 200	03 Fee will be \$550.00		11.		ADI			dded to Fees	
Make Check  10.  TITLE  NAME  STREET ADDRESS	P May 1, 200 K Payable to D MILLER, ( 3100 HAF	OFFICERS AND CHARLES'S RLOCK RD.		TITLI NAM STRE	EET ADDRESS	ADI	Trust Fund Contribution.		ORS IN 11	
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inclearly certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.



Daytime Phone #