

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000018482

1. Entity Name  
BREVARD BUNDLE OF BUCKS INC.



**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91151 001 \*\*\*150.00

0127000 AV

Principal Place of Business  
3670 N ATLANTIC AVE  
COCOA BEACH FL 32931

Mailing Address  
3670 N ATLANTIC AVE  
COCOA BEACH FL 32931

11040600



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
P.O. Box 320752  
Suite, Apt. #, etc.  
City & State  
Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3701311

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SWERBILOW, HOWARD M  
800 E MERRITT ISLAND CSWY #200  
MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CZUBAK, BARRY	
STREET ADDRESS	3670 N ATLANTIC AVE	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CZUBAK, BARRY	
STREET ADDRESS	3670 N ATLANTIC AVE	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	T	<input type="checkbox"/> Delete
NAME	CZUBAK, BARRY	
STREET ADDRESS	3670 N ATLANTIC AVE	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	S	<input type="checkbox"/> Delete
NAME	CZUBAK, BARRY	
STREET ADDRESS	3670 N ATLANTIC AVE	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE REQUIRED

4-30-03

Date Daytime Phone #

CR2E034 (10/02)