

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # *P010000 96703*

1. Entity Name

TB + C Brevard, Inc



03 DEC 12 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *03*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

721 Church St.

3. Mailing Address

721 Church St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

700025455267

*12/12/03--01040--011 **150.00*

DO NOT WRITE IN THIS SPACE

City & State

West Melbourne, FL

City & State

West Melbourne, FL

4. FEI Number

59-3747195

Applied For

Not Applicable

Zip

32904

Country

Brevard

Zip

32904

Country

Brevard

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Washington, Jerry

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

721 Church St.

City

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 *PSTD*
NAME *Washington, Jerry*
STREET ADDRESS *721 Church St.*
CITY-ST-ZIP *West Melbourne, FL 32904*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jerry Washington

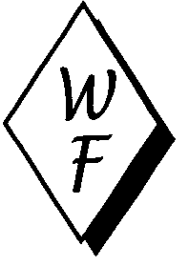
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-9-03

Date

Daytime Phone #

CR2E034B (12/02)



ACCOUNTING

December 9, 2003

Florida Department of Revenue
Division of Corporation
P. O. Box 6327
Tallahassee, FL 32314

Subject: TB & C Brevard, Inc.
Document # P01000096703

To Whom It May Concern:

Our client mentioned above, had their Corporation administratively dissolved for failing to file a Uniform Business Report. They never received an original or a second notice. They have corrected their address so this will not happen in the future and everything will be filed in a timely matter.

We respectfully request that their Corporation be reinstated without additional fees. Therefore, please find enclosed a Uniform Business Report, along with a check for \$ 150.00

Thank you for your cooperation in resolving this matter.

Sincerely,

Tammy Adams